

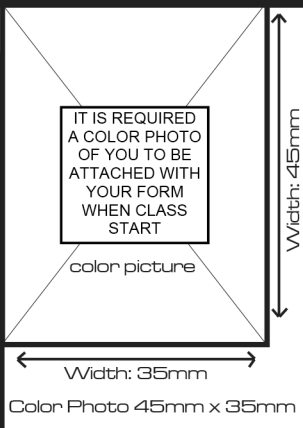


STUDENT APPLICATION V1.0

STUDENT #: (FOR OFFICIALS ONLY)

PPL PRIVATE PILOT LICENSE THEORETICAL COURSE

Cell: + 297-561-1780
www.arubaflightacademy.com
fly@arubaflightacademy.com



STUDENT PERSONAL INFO #:
(mm/dd/year)

Birth Date: _____
 Birth Place: _____
 Citizenship: _____
 Eye Color: _____
 Hair Color: _____
 Height: _____ m
 Weight: _____ kg
 Tattoo: Yes Sex: Male
 No Female

STUDENT INFORMATION

Name: _____
 Last Name: _____
 Address: _____
 Occupation: _____ Company: _____
 home ☎ _____
 cell 📱 _____
 email 📧 _____

MEDICAL (ONLY APPLICABLE FOR FLYING)

If you are enrolling for the PPL Theoretical Course, you can skip this part.

Do you have an FAA Medical Certificate? Yes No

If your answer is YES, then what type: 1st Class 2nd Class 3rd Class

If your answer is YES, then write your Medical Certificate#: _____

If your answer is NO, you must get an FAA Medical Certificate prior in enrolling before start flying.

HOW DID YOU HEAR ABOUT THE COURSE?

News Paper
 Email Advertisement
 Friend / Colleague
 Radio Advertisement
 Television News
 Website
 other: _____

Note: _____

DOCUMENTS CHECKLIST (TO BE FILLED BY OFFICIALS ONLY)

___ Medical Certificate: YES NO Date: _____
 ___ TSA fingerprinting: YES NO Date: _____
 ___ TSA approval: YES NO Date: _____
 ___ Passport Copy: YES NO Date: _____
 ___ Color Picture: YES NO Date: _____
 ___ Signature: YES NO Date: _____
 ___ TSA fingerprinting: YES NO Date: _____
 ___ Immigration Permit: YES NO Date: _____
 ___ VISA: YES NO Date: _____

PAYMENT (TO BE FILLED BY OFFICIALS ONLY)

Course: **PPL LICENSE THEORETICAL COURSE**

Course Cost: **FL.3250-** Method CASH TRANSFER

Payment Record

1. 50% PAYMENT **FL.1625-** Date: _____ (mm/dd/year)
 2. 50% PAYMENT **FL.1625-** Date: _____ (mm/dd/year)

Full Payment will need to be paid before the FAA Theoretical Exam.

FAA REQUIRED QUESTIONS

Have you ever held an FAA Pilot Certificate? Yes No

Have you ever been deported from the U.S.A.? Yes No

If you have been Deported, if so when?/...../..... (mm/dd/year)

EMPLOYER INFORMATION (ONLY IF APPLICABLE)

Employer: _____ Company: _____

Company Representative Name: _____

Company Phone/Fax: _____

Company email: _____

Company website: _____

EMERGENCY CONTACT INFO

Emergency Contact Name: _____

Relation: Mother Father Brother Sister Other: _____

Phone/Email: _____

Alternative Emergency Contact Name: _____

Relation: Mother Father Brother Sister Other: _____

Phone/Email: _____

Applicants's Certification -- I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature Applicant _____

Date: _____ (mm/dd/year)

OFFICIAL USE