



STUDENT APPLICATION V 1.0

STUDENT #: (FOR OFFICIALS ONLY)

PPL PRIVATE PILOT LICENSE THEORETICAL COURSE

Cell: +297-567-4889
www.arubaflightacademy.com
fly@arubaflightacademy.com

IT IS REQUIRED
A COLOR PHOTO
OF YOU TO BE
ATTACHED WITH
YOUR FORM
WHEN CLASS
START

color picture

Width: 45mm

Width: 35mm

Color Photo 45mm x 35mm

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.3000-** Method CASH TRANSFER

Payment Record

- 1. 50% PAYMENT **FL.1500-** Date: _____ (mm/dd/year)
- 2. 50% PAYMENT **FL.1500-** 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

