



Application / Information Form

Please read this note before filling out this application.

All applications from students requiring a student visa to enter Canada are subject to a \$750 CDN non-refundable application fee. This must be enclosed with your application and received prior to Montair providing you with a course acceptance letter. All training costs are subject to Canadian taxes and fuel surcharges and will vary slightly depending on the student's individual progress. Room and board as well as transportation to and within Canada is at student's cost. Bus routes serve the Boundary Bay Airport, but students may wish to temporarily acquire a vehicle to better enjoy the surrounding communities. Please contact us for further details before submitting your application.

Personal Information

Surname _____		Given Names _____		
Usually Know As _____				
Address _____				
City _____		Postal Code _____		Country _____
Phone _____	Home _____	Work _____	Cell _____	Fax _____
Email _____@_____				
Birth Date (DD/MM/YY) ____/____/____		Country of Birth _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Citizenship _____			SIN _____	
Proposed Start Date _____			Occupation _____	

Emergency Contact Information

Name _____	Relationship _____	Phone Number _____
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Education

Institution	Dates	Type of Degree	GPA

Flight Training Experience

Licences/Ratings Held _____			
Licence Number _____	Date of the Last Medical (DD/MM/YY) _____		
Flight Training Unit Attended _____			
Total Flight Time _____	Total Dual _____	Total Solo _____	

Desired Training (check courses in which you wish to enroll)

<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Night Rating	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Instructor Rating
<input type="checkbox"/> Multi Engine Rating	<input type="checkbox"/> Single Engine Instrument Rating	<input type="checkbox"/> Multi Engine Instrument Rating	
<input type="checkbox"/> Professional Pilot Career Program		<input type="checkbox"/> Integrated Programs	

Credit Card Information

Check One: <input type="checkbox"/> Visa <input type="checkbox"/> MC	Credit Card Number _____	Expiry Date _____
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The information given in this document is to the best of my knowledge accurate and correct.

Signed: _____

Print name: _____ Date: _____