



# Application / Information Form

Please read this note before filling out this application.

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. Students may wish to temporarily acquire a vehicle to better enjoy the surrounding communities. Please contact us for further details.

## Personal Information

Surname _____		Given Names _____	
Usually Know As _____			
Address _____			
City _____		Postal Code _____	Country _____
Phone	Home _____	Work _____	Cell _____
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	Course	Result

## 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)

Primary Training Location:	<input type="checkbox"/> CYPK – Pitt Meadows Airport	<input type="checkbox"/> CYQF – Red Deer Airport
<input type="checkbox"/> Private Pilot Licence	<input type="checkbox"/> Commercial Pilot Licence	<input type="checkbox"/> Night Rating
<input type="checkbox"/> Multi Engine Rating	<input type="checkbox"/> Single Engine Instrument Rating	<input type="checkbox"/> Multi Engine Instrument Rating
<input type="checkbox"/> Instructor 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: \_\_\_\_\_