



# Application for Flight Training Academy

3753 John J. Montgomery Dr. Suite #2 San Diego, CA, 92123 (858) 505-5650

## Student Details:

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex ( M / F ) Height (in.)\_\_\_\_ Weight (lbs.)\_\_\_\_\_

Health ( Excellent / Good / Fair / Poor ) Please circle one.

Please list any special medical conditions we should be aware of: \_\_\_\_\_

## Education:

### Permanent / Home address (if different from above)

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Flight Information:

Type of Certification Desired: PRIVATE COMMERCIAL INSTRUMENT CFI CFII ATP

Any previous flight experience? ( Yes / No ) If Yes, ratings held: \_\_\_\_\_

Have you ever flown a helicopter before? ( Yes / No ) If yes, how many hours? \_\_\_\_\_

How long ago? \_\_\_\_\_ What type of helicopter(s)? \_\_\_\_\_

Are you a U.S. Citizen? ( Yes / No ) If No, do you have a Green Card (Yes / No)

Able to read and write English? ( Yes / No )

Do you have your own transportation? ( Yes / No )

Training Schedule: Daily 2-3 days/week Weekends only Few days/month When able

Time of day preferred: Morning Afternoon Evening

Can you be flexible with your schedule? ( Yes / No )

Please briefly explain why you have decided to get involved in aviation, and your goals for the ratings sought. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_