



US STUDENT QUESTIONNAIRE

DATE: _____ NAME: _____

EMAIL: _____

ADDRESS: _____

CELL PHONE NUMBER: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____

1. Please describe in detail your goals & expectations for becoming a Helicopter Pilot.

2. Do you have any prior aviation experience? Circle: YES or NO

If YES please give a detailed description of your experience including total hours.

Rotorcraft Hours: _____ Fixed Wing Hours: _____

3. Please give a schedule of your availability for training.

Monday	All Day _____	Other Hours _____
Tuesday	All Day _____	Other Hours _____
Wednesday	All Day _____	Other Hours _____
Thursday	All Day _____	Other Hours _____
Friday	All Day _____	Other Hours _____
Saturday	All Day _____	Other Hours _____
Sunday	All Day _____	Other Hours _____

4. Please give a brief description of your employment history.

Employer: _____

Address: _____

Phone Number: _____

Position: _____ Employed from: _____ to: _____

5. Do you have any health related issues that may effect passing a flight physical?

Circle: YES or NO

If yes, please explain: _____

6. Have you ever been convicted of a Felony Offense? Circle: YES or NO

If yes, please explain:

7. Please list three references:

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Thank you for completing Corporate Helicopters Flight Training Academy US Student Questionnaire! Our Flight Training Coordinator will contact you during our office hours.

For more information, please visit our website: HeliFlightTraining.com

Corporate Helicopters Flight Training Academy

Office Hours:

Monday - Friday 8:00am – 5:00pm

We flight train 7 days a week!