APPLICATION FOR TRAINING

Name in Full:

Home Address:

Telephone: Home: _____ Work:

Birth Date:

Total Flight Time (if any):

Aeroplanes:

Helicopters:

Pilot Licence Held (if any):

Type:
Number:

Transport Canada Medical

Category:

Expiry Date:

Please Check Desired Course

Private

- ❒ 30 Hour (fixed wing conversion)
- ❒ 45 Hour

Commercial

- ❒ #1 - 60 Hour (fixed wing conversion)
- ❒ #2 - 60 Hour (private upgrade)
- ❒ 100 Hour

Preferred Training Period (give dates)

_____

Date Application Completed

Signature

(LEAVE THIS AREA BLANK)