TRAINEE ENROLLMENT RECORD

NAME:_____

ADDRESS:_____

EMAIL: _____

TELEPHONE: (DAY)_____ (EVE)_____

EMPLOYER: _____

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*AIRMAN CERTIFICATE # _____ FAA: Y / N   Other: _____

RATINGS (Please state PIC/SIC types if applicable) _____

_____

FAA MEDICAL CLASS / EXAM DATE: _____

☐ PHOTOCOPY OF FAA PILOT CERIFICATE AND FOREIGN LICENSE
☐ PHOTOCOPY OF FAA MEDICAL
☐ PHOTOCOPY OF PICTURE / SIGNATURE / ADDRESS I.D.

PREVIOUS FLIGHT EXPERIENCE:

*Indicates ATP prerequisites	AIRPLANE
TOTAL FLIGHT (ATP 1500)*, (**2000** SIM ONLY)	
PILOT IN COMMAND (PIC)*	
SECOND IN COMMAND (SIC)*	
TOTAL INSTRUMENT	
TOTAL CROSS COUNTRY (500)*	
TOTAL PIC CROSS COUNTRY (250)*	
SOLO CROSS COUNTRY PIC	
TOTAL NIGHT (100)*	
TOTAL NIGHT LANDINGS	
INSTRUMENT SIMULATOR / FTD (75)*	
TOTAL TURBINE AMEL (**500** SIM ONLY)	

COURSE ENROLLED IN: _____

_____   _____
TRAINEE SIGNATURE   DATE   PROGRAM MANAGER SIGNATURE   DATE