



LONG BEACH CALIFORNIA

Pilot In Training Enrollment

Personal	
Full Name (as appears on passport):	
Date of Birth:	Phone:
Email Address:	
Address:	
City:	Province/State:
Postal/ZIP Code:	Country:
Person to contact in case of emergency:	
Relationship:	Emergency Contact Phone:
<u>Requested Course:</u>	
Requested Course Commencement Date:	
Do you require accommodation?	Condo/Hotel/Other
Please Specify	

Passport Details		Licenses / Certs. /Ratings Held (if any)
Passport Number:	Country of Issuance:	
Issuance Date:	Expiry Date:	Private
City and Country of Birth:		Commercial
Flight Experience (if any) (times may be estimated)		ATP
Total Time:	Single Engine Land:	Instrument
Multi-engine Land:	High-Performance:	Multi-Engine
Complex:	Cross Country:	Flight Instructor
Instrument:	Night:	Flight Instructor Instrument
Time in last 90 days:	Time in last 12 months:	Ground Instructor
Instrument in last 90 days:	Instrument in last 12 months:	
Diamond DA40 Time:	Garmin Time (GNS 430/530):	
Diamond DA42 Time:	Garmin Time (G1000):	
Other:		