



## Emergency Contact in U.S. (family member or close friend)

Name of Contact Relationship to You

House Number, Street

Apt # City, State or Province

Zip Code

Email Address

Phone (including all country and city codes) /

## Emergency Contact in Home Country

Name of Contact House Relationship to You

Number, Street

Apt # City, State or Province

Postal Code Country

Email Address

Phone /

## Course Selection

Please indicate the course or courses you would like to complete

Private Pilot Instrument Rating Commercial Pilot

Desired Start Date (mm/dd/yyyy) / /

## Previous Education, Flight Training

Education you have completed

Name of School Country

Single Engine Hours Multi-Engine Hours Licenses/Ratings

Are you proficient in the English language? Yes No

## Dependent Information

Please provide the following information for each dependent (add pages if necessary)

Last Name	Middle Name	First Name	Suffix
Gender	Date of Birth (mm/dd/yyyy)	/ /	Relation to you
Birth Country	Country of Citizenship		
Desired Date of Entry to U.S. (mm/dd/yyyy)	/ /	Education Completed	
Passport Issuing Country	Passport #		
Issuance Date (mm/dd/yyyy)	/ /	Expiration Date (mm/dd/yyyy)	/ /

Last Name	Middle Name	First Name	Suffix
Gender	Date of Birth (mm/dd/yyyy)	/ /	Relation to you
Birth Country	Country of Citizenship		
Desired Date of Entry to U.S. (mm/dd/yyyy)	/ /	Education Completed	
Passport Issuing Country	Passport #		
Issuance Date (mm/dd/yyyy)	/ /	Expiration Date (mm/dd/yyyy)	/

Last Name	Middle Name	First Name	Suffix
Gender	Date of Birth (mm/dd/yyyy)	/ /	Relation to you
Birth Country	Country of Citizenship		
Desired Date of Entry to U.S. (mm/dd/yyyy)	/	Education Completed	
Passport Issuing Country	Passport #		
Issuance Date (mm/dd/yyyy)	/ /	Expiration Date (mm/dd/yyyy)	/

## Applicant Signature

I hereby declare that the above information is true to the best of my knowledge and belief, and that I understand it is made for use as evidence to the United States government and is subject to penalty for perjury.

Signature

Date (mm/dd/yyyy) / /