

Flytech Aviation Academy

SUBSCRIPTION FORM

FIRST NAME _____ LAST NAME:

DATE OF BIRTH _____ PLACE OF BIRTH:

ADDRESS: _____ ZIP CODE _____

TEL HOME: _____ MOBILE:

FAX HOME: _____ E MAIL:

TEL OFFICE: _____ LICENCE STATE _____
VALIDITY :

LICENCE TYPE: _____ LICENCE Nr.

QUALIFICATIONS _____

TOTAL EXPERIENCE _____ HRS _____

SINGLE ENGINE _____ M . E _____

VFR _____ IFR _____ ME: VFR _____ IFR _____

COPY PASSPORT OR IDENTITY CARD: _____ YES / NO

COPY LICENCE: _____ YES/NO

COPY R/T LICENCE: _____ YES / NO

REQUESTED COURSE OR RATING: AFI/FI REFRESHER COURSE.

REMARK:

The applicant accepts Flytech Aviation Academy conditions and will respect the regulation in force and the rules set in the company manuals:

Signature:

Date: