



HELICOPTER FLIGHT TRAINING ENROLLMENT APPLICATION

Please read the application carefully and print clearly.

Last Name		First Name		Date of Birth (DD/MM/YYYY)	
Permanent Address			Daytime Telephone		Evening Telephone
			Height (feet/ inches)		Weight (pounds)
			Email Address		
Other Address (if applicable)			Name, Address, & Telephone Number of Emergency Contact person		

Please indicate which course you are interested in attending:

- CPL(H) Ab-initio** – Commercial course for students with no previous aviation experience.
- CPL(H) Alt.Cat.** – Commercial course for holders of current, valid aviation licenses.
- PPL(H) Ab-initio** – Private license course for students with no previous aviation experience.
- PPL(H) Alt.Cat.** – Private license course for holders of current, valid aviation licenses.
- Advanced courses** – For students already possessing a valid CPL(H). Courses available include: Mountain; External Load Vertical Reference; Instructor Rating; Instrument Rating; Conversions; Type Ratings.

Please provide an approximate date by which you wish to start your training: _____

How did you find out about E-Z Air? _____

Please provide the details of your education, listing most recent schools/training first.

Name of School	Type of School / Training <i>(Secondary, Trade, College, University, etc.)</i>	Dates Attended	Level of achievement <i>(Grade, Year, Diploma, Degree, etc.)</i>

If applicable, please provide details of your previous aviation training / experience.



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Based on your past educational experiences, medical diagnoses, or psychological evaluations, please indicate any circumstances or conditions that you feel may affect your learning ability and/or training progress. This information is required to determine training requirements.

Please explain, in your own words, why you wish to learn to fly helicopters.

Please provide the names and contact information of 3 people whom we may contact for a reference. References may be former teachers, employers, or other professional acquaintances, who will attest to your good character and work ethic. Please do not list family members.

Name	Occupation / Position	Contact information
1.		
2.		
3.		

Privacy Statement

The personal information provided by the applicant in this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP) and the Personal Information and Electronic Documents Act (PIPEDA). Information is collected and used solely for the purposes of administering flight training programs and will only be used by authorized staff. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. By signing below, the applicant consents to the collection and use of the information in this document for the above purposes.

Applicant Declaration

I (the undersigned) hereby declare that, to my knowledge, the information I have provided is accurate. I understand that acceptance to a course is conditional upon an interview with E-Z Air's Chief Flight Instructor and the number of students already enrolled in that course.

Signature of Applicant

Date (DD/MM/YYYY)

This section for office use only.

Information package sent: _____
(date)

Interview attended: _____
(date)

Course start date: _____
(date)

Remarks: