

# TRAINING APPLICATION

Sulaymaniyah.....

All questions contained in this form are strictly confidential and will become part of your training record. Please complete all relevant areas in black CAPITAL letters and provide:

- ☐ Four Additional photos
 ☐ Copy of your Medical Certificate (Class 1 or 2)
- ☐ Copies of your Aviation Certificates
 ☐ Copy of the last 3 pages of your flying log book

NAME AND ADDRESS		PASSPORT SIZE PHOTO		
Name				
Surname				
Full Address				
City				
Postcode				
Country				
CONTACT INFORMATION		ADDITIONAL INFO		
Telephone				
2 <sup>nd</sup> Telephone				
Mobile				
E-mail				
Skype				
Facebook				
Country				
FLIGHT or THEORY TRAINING APPLYING COURSE				
	Course 1	Course 2	Course 3	Course 4
Course				
Initial Date				
Alternative Date				
PERSONAL DETAILS				
Date of Birth		Expiry date		

Place of Birth		Marital status			
Nationality		Dependents			
Passport/ID No		Time at present address			
Place of issue		Owner/Tenant/with Parents			
Date of issue		Father's full Name			
ACADEMIC BACKGROUND					
School/College/University	From	Dates: To	Subject Completed		
ACADEMIC BACKGROUND					
School/College/University	School/College/University	School/College/University			
License Number		Non Part Licenses			
Type		Military Licenses			
Expiry Date		Other Licenses			
Current Part Medical		Non Part Medical			
Expiry date		Expiry Date			
Current IR		Other (Ratings , Type Ratings			
Expiry Date					
FLYING EXPERIENCE – Complete all applicable information					
Total Fix Wing Hrs.		Total P2 & PU/T Hrs		Has your license ever been deferred (Y/N)	
Total Rotary Wing Hrs.		Total Multi Engine Hrs		Have you ever been grounded for medical reasons? (Y/N)	
Total Civil Hrs		Total Turbo Prop Hrs		Any accidents, incidents, investigations? (Y/N)	
Total Military Hrs.		Total Jet Hrs		Any aviation business interests? (Y/N)	
Total P1 & P1 U/S		Other (Specify)			



FLIGHT TRAINING RECORD – <i>Please complete all applicable information</i>				
Type	Dates: From                      To		Part?	Training Organization
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	

With my signature I accept my enrollment to the above training Course of Sama Aviation Training center. I have been informed, understand and I fully agree with Sama Aviation Training center’s regulations, as they are set in the approved company’s Operation manual, as well as the minimum cost and the duration of the course I apply for. All the information contained herein will be included in an automated file and will be treated strictly as private and confidential and used solely for selection purposes. Aviation Training center guarantees your access to changes, updates or cancellations any of the information contained herein.

The undersigned confirms that all information provided by him or her in this form is correct.

The Applicant  
Name and Signature

The Head of Training  
Name and Signature

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