

Airmen Testing And Training d/b/a
Palm Beach Helicopters

2615 Lantana Road, Suite A, Lantana, FL 33462—Telephone (561)304-1491

SCHOOL APPLICATION

PERSONAL INFORMATION

Name (First, Middle, Last) _____ Email Address _____

Mailing Address

Street Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Sex _____ Marital Status _____

Citizenship _____ Country of Birth _____

Date of Birth (**01JUN1979 or June 1, 1979**) _____

Statement of your general health _____

Will you need Health Insurance through Palm Beach Helicopters? (Y/N) _____

How did you hear about Palm Beach Helicopters? _____

Will you need special English Classes? (Y/N) _____

WHAT COURSE OF TRAINING DO YOU DESIRE?

Course _____ Start Date _____

(Please verify with your US Embassy about the approximate wait time for an interview. The wrong START DATE will cause us to re-issue the I20 and will cause additional fees.)

PREVIOUS EXPERIENCE

Total flight time _____ License/Ratings held _____

Issuing Country _____ FAA Medical (Class & Date) _____

STUDENTS PLEASE READ AND SIGN:

I wish to attend Airmen Testing and Training DBA Palm Beach Helicopters and register for the course of study I have specified. I certify that the above statements are correct and complete.

TO ENROLL, ALL INTERNATIONAL STUDENTS MUST: 1. Register for TSA 2. Send this form, a copy of your passport, an original certified financial letter or affidavit of support, a copy of your health insurance (if we are not providing), and a copy of your grades (Asian Students Only). 3. Send registration fee for I-20 (If paying with a credit card see below.).

Applicant's Signature

Today's Date

IF YOU ARE UNDER 18 YEARS OF AGE, a parent or legal guardian must sign the following:

The undersigned, being the parent or legal guardian of the above named applicant, consents to his/her application for admission to Palm Beach Helicopters.

Parent/Guardian Signature

Today's Date

CREDIT CARD AUTHORIZATION: (we only accept Visa, Master Card, American Express and Discover)

Card Number _____ Expiration (MM/YYYY) _____ Amount \$ _____

I authorize Palm Beach Helicopters to charge my card for the above listed amount. This charge is to cover the registration fee for issuing an I-20.

Cardholder Signature

Cardholder name PRINTED