



Principal Air Student Registration Form

Tel: 604-850-0290 Email: info@principalair.ca

Please complete the application fully and return to us at the address above in person or via email.

Last (Family) Name	First Name	Middle Name	Suffix
Birth Date (DD/MM/YYYY)	Gender (Male or Female)	Country of Birth	Country of Citizenship

International Students Only:

Passport Number: _____ Country of Issue: _____

Expiry Date: _____

Do you have or have you applied for a visa to Canada:

Program Start Date (DD/MM/YYYY): _____ **Program End Date DD/MM/YYYY):** _____

Your Home Address:

Street: _____ Apt or Suite: _____

City: _____

State/Prov: _____ Zip/Postal: _____

Country: _____

Phone Number: _____

Cell Number: _____

Email: _____

Your Address while attending the flight school if known: Check here if same as above []

Street: _____

City: _____

State/Prov: _____ Zip/Postal: _____

Country: _____

Phone Number: _____ Cell Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Provincial Regulatory Information:

All programs other than Commercial Pilot Licence and Flight Instructor Rating do not require approval under the Private Training Act and as such a student may not file a claim against the fund with the trustee for a refund of tuition for these programs.

Course of Training Desired (Check all that apply.)

- Private Pilot Licence or Rec Permit, Airplane Single Engine Land.** Beginner's course takes the student from 0 hours of experience through certification as a private pilot or recreational pilot.
- Night Rating Airplane Single Engine Land,** An additional qualification to a Private Licence.
- Commercial Pilot Licence, Airplane Single Engine Land,** pre-requisite is a Private Licence.
- Multi Engine IFR Rating, Airplane Multi Engine Land,** (Program offered at affiliated schools.)
- Class 4 Instructor Rating,** pre-requisite is a Canadian Commercial Licence.

Previous Aviation Training if any.

Last Flight School attended; Name: _____

If a license was achieved: Licence Number: _____ Date of Issue: DD/MM/YYYY _____

Medical Category: _____ Date of Medical DD/MM/YYYY _____

Please indicate your flight experience below: if you have no experience leave blank

Aircraft Type	Total Hours on Type	Solo Hours	Dual Hours

Applicant Certification

I certify that the information provided on this application is true and correct. I also agree that in signing this I am granting Principal Air the right to perform background checks including criminal and immigration verifications. I am aware that I may not make a claim with the PTIB for programs that are not subject to PTIB approved.

Signature of Applicant

Date

All personal information collected will be held in the strictest confidence and not released to any third party without the written consent of the applicant. Principal Air retains the right to deny any applicant acceptance to the school without justification. Should a customer demonstrate lack of consideration towards any staff member, abuse any aircraft or operate an aircraft in an unsafe or irresponsible manner Principal Air reserves the right to return any deposits held and dismiss the student. All Students and Rental Customers shall also sign the appropriate agreements before commencing training or a rental. All agreements, contracts or other legal instruments signed by Principal Air shall be governed by the laws of the Province of British Columbia.