



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, email or fax it to us.

Last (Family) Name	First Name	Middle Name	Suffix
Birth Date (MM/DD/YYYY)	Gender [] Male [] 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 (MM/DD/YYYY): _____ **Program End Date (MM/DD/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: _____ Apt or Suite: _____ City: _____

State/Prov: _____ Zip/Postal: _____ Country: _____

Phone Number: _____ Cell Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street: _____ Apt or Suite: _____ City: _____

State/Prov: _____ Zip/Postal: _____ Country: _____

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 License, Airplane Single Engine Land.** Beginners course takes the student from 0 hours of experience through certification as a private pilot.
- Night Rating Airplane Single Engine Land,** An additional qualification to a Private License.
- Mountain Flying Checkout,** An additional qualification to a Private License
- Over The Top (OTT) Checkout,** An additional qualification to a Private License
- Commercial Pilot License, Airplane Single Engine Land,** An additional to a Private License.
- Multi Engine IFR Rating, Airplane Multi Engine Land,** An additional to a Commercial License.
- Class 4 Instructor Rating,** An additional to a Commercial License.

Previous Aviation Training.

Last Flight School attended; Name: _____ Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Phone Number: _____

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

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

Please describe level of training achieved.

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.

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 sever the customer at any time. 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.