



9900 Airport Way | Snohomish, WA 98296 | Phone: (360) 568-1541 | Fax: (360) 568-6034

## APPLICATION FOR ENROLLMENT

**Date of Enrollment:** \_\_\_\_\_ **Part 141:** \_\_\_\_\_ **Part 61:** \_\_\_\_\_

Course of Training: \_\_\_\_\_

Name: \_\_\_\_\_ Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Married: \_\_\_\_\_ Single: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: US \_\_\_\_\_ Other: \_\_\_\_\_

Pilot Certificate Held: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Medical Certificate Class: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Total Logged Time: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Passport No: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address \_\_\_\_\_

How did you learn about Snohomish Flying Service? \_\_\_\_\_

Have you taken a Discovery Flight? Y N If yes, name of CFI \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

**School Use only below this line**-----

Instructor Assignment: \_\_\_\_\_ TFBO Account: \_\_\_\_\_ TFBODOE: \_\_\_\_\_ FSPro: \_\_\_\_\_

Entered: CTA \_\_\_\_\_ Paper Record \_\_\_\_\_ VA \_\_\_\_\_ QTTP \_\_\_\_\_ Other/explain: \_\_\_\_\_

TSA Docs on File: \_\_\_\_\_ Medical Certificate Appointment: \_\_\_\_\_

Enrollment Checklist Complete: \_\_\_\_\_ TSA/Immigration Folders Complete: \_\_\_\_\_