



TFBO	_____		
FSP	_____		
MEDICAL	YES	NO	
ENROLLMENT	_____		
TSA COMPLETE	_____	PHOTO	_____

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: _____ Date of Issue: _____

Medical Certificate Class: _____ Date of issue: _____ Total Logged Time: _____

Driver's License#: _____ State of Issue: _____

Passport No: _____ Date: _____ 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 _____ Other/explain: _____

TSA Docs on File: _____ Medical Certificate Date or Appointment: _____

Enrollment Checklist Complete: _____ TSA/Immigration Folders Complete: _____