SNOHOMISH FLYING SERVICE
Since 1950

TFBO	
FSP	
MEDICAL	YES ☐ NO ☐
ENROLLMENT APPT	
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: _____ ☐ **Professional Pilot Program** (Must have minimum 2nd Class Medical)

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: _____ **Date of Issue:** _____ **Certificate No:** _____

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

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

Passport No: _____ **Date of issue:** _____ **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:** _____ **FSPro:** _____

Entered: CTA _____ **Paper Record** _____ **TFBO Enrollments** _____ **VA** _____

TSA Docs on File: _____ **TSA/Immigration Folders Complete:** _____

Enrollment Checklist Complete: _____ **Medical Certificate Appointment:** _____