

## 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	Country of Birth	Country of Citizenship		
International Students Only:	[ ] Male [ ] Female				
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 c	or Suite: City:			
State/Prov:	Zip/P	ostal: Country:			
Phone Number:	Cell I	Number:			
Email:					
Your Address while attending the flight school if known: Check here if same as above [ ]					
Street:	Apt o	r Suite: City:			
State/Prov:	Zip/P	ostal: Country:			
Phone Number:	Cell 1	Number:			
<b>Emergency Contact Information:</b>					
Name:	Relationship:				
Home Phone:	Work Phone:	Cell Phor	ne:		
Street:	Apt c	or Suite: City:			
State/Prov:	Zip/P	ostal: 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.)					
[ ] <b>Private Pilot Licence or Rec Permit, Airplane Single Engine Land.</b> Beginners 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 black					
Aircraft Type	<b>Total Hours on Type</b>	Solo Hours	Dual Hours		
	Applicant Certification				
I certify that the information provided on this application to perform background checks including criminal and in programs that are not subject to PTIB approved.	n is true and correct. I also agi				
Signature of Applicant		Date			
All personal information collected will be held in the str	ictest confidence and not relea	sed to any third party without	the written consent of the		

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.