

**FLIGHT TRAINING – APPLICATION
UNMANNED AIR VEHICLE – PILOT CERTIFICATION PROGRAM**

Please print clearly

Legal Last Name (surname)		First Name (legal)	Middle Names (legal)	
Address		Former Surname	Gender M - F	Citizen of
City		Date of Birth (yyyy-mm-dd)	Place of Birth	
Province	Postal Code	Phone	email	

Past Experience:

Type & Model	Time on Type

Services Required:

✓ **Check selected box.**

Home Stay Accommodation	<input type="checkbox"/>	Number of weeks: _____
Locate Other Accommodation	<input type="checkbox"/>	Number of weeks: _____

Desired Start Date	yyyy-mm-dd	Enclose Application Fee \$100.00	<input type="checkbox"/>
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For Assistance: Phone 866-678-1234 or email rwyers@skydroneuavs.com