



RECORD OF PREVIOUS FLIGHT AND GROUND TRAINING

- 1. Name of Student... Pilot Lic. #...
2. Address... City... Zip Code...
3. Class of Medical Certificate... Date Issued...
4. Current FAA Rating, Commercial (Comm)... Airline Transport Pilot (ATP)...
5. Have you had previous training in this program? No... Yes...

VA STUDENTS MUST HAVE AN APPROPRIATE MEDICAL CERTIFICATE WHICH IS CURRENT UPON ENTERING AND DURING PURSUIT OF EACH APPROVED FLIGHT PROGRAM.

I certify that the above is a true and complete statement of my previous training.

Signature of Student Date



I certify that the following amount of credit has been allowed for this program.

Total Ground Instruction 0 HRS

Total Flight Instruction 0 HRS

SOUTHWEST PROGRAM BOEING 737-200 or 300

Date Enrolled (First Date of Instruction)

I certify that the above is true and correct.

Signature of Authorized School Official Ray Brendle, President Date