



APPLICATION & TRAINING AGREEMENT

NAME: _____ DATE OF BIRTH: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTRY _____
 PASSPORT COUNTRY _____ AND # _____
 PHONE: (H) (_____) _____ PHONE: (CELL) (_____) _____
 E-MAIL: _____

FLIGHT INFORMATION

FAA LICENSE: (ATP) _____ OR (COMMERCIAL) _____ LICENSE # _____
 AIRCRAFT TYPE RATINGS: _____ MULTI MILITARY JET PIC HOURS: _____
 TOTAL FLIGHT HOURS (PIC) _____ + (SIC) _____ = TOTAL FLIGHT HOURS _____
 TOTAL (MEL) JET HOURS _____ AIRCRAFT CURRENTLY FLYING _____
 MULTI-ENGINE TURBINE AIRPLANES FLOWN _____ VETERANS BENEFITS: YES / NO
If VA: Your medical must be current within the last 6 months of class date.
 FLIGHT PHYSICAL DATE _____ Mo. Day Yr. CLASS _____

- | | | | | |
|--|--|-------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> B-737-300 COURSE | <input type="checkbox"/> B-737 DIFFERENCES COURSE | <input type="checkbox"/> -200 | <input type="checkbox"/> -500 | <input type="checkbox"/> NG |
| <input type="checkbox"/> B-737 RE-CURRENT COURSE | <input type="checkbox"/> REMOVAL OF CENTER-LINE THRUST COURSE | | | |
| <input type="checkbox"/> B-737 RE-CURRENT COURSE | <input type="checkbox"/> REMOVAL OF CIRCLING LIMITATION COURSE | | | |

REQUESTED CLASS DATE _____ 2ND CHOICE CLASS DATE _____
 ESTIMATED COST: \$ _____ REFERRED BY: _____

Trainees agree to indemnify, defend and hold harmless Crew Pilot Training & Equipment Contractor, its directors, officers, employees, agents and representatives from and against all claims, liability, loss or expense (including legal fees, court costs and other costs and expenses arising out of or in connection with this Agreement and including, but not limited to, claims or Licensee its employees or trainees or claims of any other party arising out of injury to or death of any person or damage to or destruction of the property or any person or entity, including property of Crew Pilot Training and the Equipment Contractor.) I have read and agree to all Crew Pilot Training's change of class date, cancellation fees and regulations listed on our web site (www.crewpilottraining.com), and or information packet. The trainee agrees to pay all cost overages, (if any), from the listed program course.

STUDENT SIGNATURE: _____ DATE _____

OFFICE USE ONLY	Applicant qualifies for Simulator only Program, under 61.63 and 61.64 (2)	LIMITATION PILOT QUALIFIES UNDER FAA REG: 61.63 AND 61.64 FOR THE 25 HOUR LIMITATION
	i _____ ii _____ iii _____ iv _____ v _____	
	CLASS DATE: _____ <input type="checkbox"/> DALLAS <input type="checkbox"/> HOUSTON	