



STUDENT APPLICATION

****Email Application to: rob@carib-air.com**

Mother Gibson Plaza #10
Boyd Road, Nassau, Bahamas
(470) 309-4091
(242) 376-9698

Name of Applicant (Please print): **Must be written as it appears on your passport or other Govt ID**

Last: _____ First: _____ Middle: _____

Course(s) Applying for:

Flight Dispatch Day (4 Wks)		Flight Dispatch Night (8 Wks)		RPAS (Drone)	
Private Pilot – Single Engine		Instrument Rating		Commercial Rating	
CFI		CFII		MEI	
Multi-Engine Rating		Seaplane		HAZMAT	

Your Info:

House/Street _____ City _____

State / Province _____ Country: _____ Postal code _____

Telephone (include country code) _____ EMAIL ADDRESS: _____

Date of Birth: ____ / ____ / ____ Marital Status: Single _____ Married _____

Current Occupation: _____

Passport Number: _____ Country of Citizenship: _____ Expires _____

US VISA TYPE _____ VISA# _____ Expires _____

Driver's License _____ Issued by _____ Expires _____

Drug / Alcohol Conviction within the past 12 months? Yes _____ No _____

Gender: Male _____ Female: _____ Height: _____ Cm / Inch Weight: _____ (Kilos /Lbs)

Eyes: _____ Hair: _____ Place of Birth _____

Emergency Contact

Name & Relationship _____

House/Street _____ City _____

State / Province _____ Country: _____ Postal code _____

Telephone (include country code) _____ EMAIL ADDRESS: _____

SCHOOL RECORDS

List the three most recent schools attended (High School, University, and Technical)

SCHOOL	LOCATION	DATES ATTENDED	DIPLOMA / DEGREE

Logbook Information

TYPE	Hours	License	Issuing Country	License # / Date
ASEL		PPL		
ASES		IR		
AMEL		CPL		
CFI		CFI		
CFII		CFII		

Flight Medical Issued by FAA_____CAA_____Other_____

Class:_____Issued:_____Expires_____

APPLICATION AGREEMENT

1. Please fill out this form entirely.
2. Attach a clear photocopy of a valid government issued Photo ID
3. Pilots must sign this agreement, and the training agreement, and include copies of all logbooks and endorsements
4. Dispatch, RPAS, and HAZMAT must deposit the amount equal to 50% of the estimated tuition cost is required with the application. The remaining balance of 50% must be paid before the completion of class.
5. Student accepts that they have clearly read their sales agreement and fully understand all elements of the training they are purchasing.

Signature Approval of Applicant:

I apply for admission to the course(s) indicated and accept the above terms and conditions. I affirm all information given is true and correct to the best of my knowledge at the time of signing.

Student Signature: _____ **Date:** _____/_____/_____
MON DAY YEAR