



STUDENT ENROLLMENT APPLICATION

PRE-TRAINING QUESTIONNAIRE

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STUDENT INFORMATION

NAME (last, first, middle)		DATE OF BIRTH	US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	DRIVERS LICENSE State Number	
HOME PHONE	CELLULAR PHONE	EMAIL		WEIGHT	
MAILING ADDRESS		CITY		STATE	ZIP CODE
PHYSICAL ADDRESS (if different than mailing)		CITY		STATE	ZIP CODE

AVIATION INFORMATION

WHAT RATING DO YOU WISH TO ATTAIN? (check all that apply)

Private Helicopter Instrument Helicopter Commercial Helicopter CFI CFII ATP Add On:

WHAT CERTIFICATE/RATING(S) AND TIME DO YOU CURRENTLY HAVE? (check all that apply) None

HELICOPTER: Total Hours: _____ <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Instrument Hours Flown: _____ <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> ROBINSON R22 Hours Flown: _____ <input type="checkbox"/> ROBINSON R44 Hours Flown: _____ <input type="checkbox"/> Other: _____ Hours Flown: _____		AIRPLANE: Total Hours: _____ <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Instrument Hours Flown: _____ <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> SEL Hours Flown: _____ <input type="checkbox"/> MEL Hours Flown: _____ <input type="checkbox"/> ATP	
TOTAL HOURS	TOTAL HOURS FLOWN LAST 12 MONTHS	TOTAL COMMERCIAL HOURS	TOTAL MILITARY HOURS
DATE OF LAST AFR/BFR	FAA MEDICAL CLASS	DATE OF MEDICAL	DATE ATTENDED ROBINSON SAFETY COURSE
HAVE YOU EVER ATTENDED ANOTHER FLIGHT SCHOOL BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHEN AND WHERE?	
WHAT WOULD YOU LIKE TO ACCOMPLISH WHILE FLYING WITH ALYESKA HELICOPTERS:		WHAT IS YOUR ULTIMATE FLYING GOAL:	
HOW DID YOU HEAR ABOUT US? ADVERTISEMENT (specify): STUDENT OF ALYESKA HELICOPTERS: WALK-IN: <input type="checkbox"/> WEB SITE: <input type="checkbox"/> OTHER:		ARE THERE ANY CLASSES WE DON'T CURRENTLY OFFER THAT YOU'D BE INTERESTED IN TAKING?	

PERSONAL AIRCRAFT INFORMATION

I PLAN TO DO ALL OR PART OF MY FLIGHT TRAINING IN MY OWN HELICOPTER YES <input type="checkbox"/> NO <input type="checkbox"/>		HELICOPTER MAKE	HELICOPTER MODEL
REGISTRATION N	DATE OF LAST ANNUAL	TIME LOGGED AS PIC IN THIS AIRCRAFT	IS THIS AIRCRAFT INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF INSURANCE PROVIDER		POLICY HOLDER/MEMBERSHIP NUMBER	

PERSONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. HAVE YOU EVER BEEN:	YES	NO
Denied membership in or terminated from a Flight School?		
Refused an aeronautical certificate or had an aeronautical certificate suspended or revoked?		
Reported for violation of any FAA regulation or other flying regulations?		
Involved In an aircraft incident/accident?		
Convicted for use or possession of illegal drugs?		
Convicted of serious alcohol-related charges such as operating motor vehicle under Influence of alcohol?		

If answered yes, give details, including date, location, and nature.

EMERGENCY INFORMATION

NAME OF PERSON TO CONTACT IN THE EVENT OF EMERGENCY (last, first)		RELATION TO YOU
HOME PHONE	WORK PHONE	CELLULAR PHONE
IN THE EVENT OF A MEDICAL EMERGENCY, DO YOU GRANT ALYESKA HELICOPTERS, LLC. PERMISSION TO TAKE YOU OR HAVE YOU TRANSPORTED TO THE NEAREST MEDICAL FACILITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	ANY ALLERGIES OR MEDICAL CONDITIONS? IF SO, EXPLAIN

I certify, that the above information is true and correct, I further certify that if accepted for enrollment I will read and comply with all Federal, State, and Alyeska Helicopters, LLC. directives. I understand that violation of any regulation may be grounds for suspending or revoking my enrollment and may make me liable for any damages to persons or property as a result of such violation.

Applicant Signature: _____

Date: _____