



AIR HAWKES BAY LIMITED

APPLICATION FORM

FAMILY NAME..... BIRTHDAY...../...../.....

GIVEN NAMES.....

ADDRESS..... BUSINESS PHONE.....

..... HOME PHONE.....

..... PILOT LIC TYPENo.....

EMAIL

COUNTRY OF PASSPORT PASSPORT NO.....

CLASS OF MEDICAL CERTIFICATE (1or2)..... MED CERT EXPIRY DATE.....

	DUAL	SOLO	
General Flying			
Cross-Country			
Night Flying			
Instrument (Flight)			TOTAL DUAL + SOLO =
Instrument (Ground)			
TOTALS			_____

OTHER FLYING QUALIFICATIONS/EXPERIENCE.....

HIGHEST SCHOOL QUALIFICATIONS

TERTIARY QUALIFICATIONS:.....

ANY OTHER RELEVANT DETAILS(JOB ETC):

NAME & CONTACT DETAILS OF NEXT-OF-KIN IN EVENT OF EMERGENCY:

.....

DO YOU NEED AERODROME ACCOMMODATION? YES / NO

HAVE YOU SUFFERED MOTION SICKNESS? YES / NO HOW OFTEN?.....

HAVE YOU BEEN CONVICTED IN ANY COURT OF LAW OF ANY TRANSPORT SAFETY OFFENCE? YES / NO

I WISH TO APPLY TO BE REGISTERED FOR THE FOLLOWING TRAINING COURSE.....

.....SUGGESTED START DATE:.....

I agree to Air Hawke's Bay Ltds staff viewing my examination results, test results and associated documentation from time to time during my Course with Air Hawke's Bay Ltd.

I also agree to Air Hawke's Bay Ltd contacting my next-of-kin if they have serious concerns about my welfare. YES / NO

SIGNATURE..... DATE.....

CEO SIGNATURE: DATE.....

(CEO will sign after all pre-requisites are met, including receipt of full Course funds. A copy will be sent to you with our Formal Letter of Acceptance.)