

Enrollment Application (the form contains interactive fields for electronic submission)

SECTION I: PERSONAL AND CONTACT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (MM/DD/YYYY): ____/____/____

NOTE: You must enter your name above EXACTLY as it appears on official government issued ID such as passport, birth certificate, etc.

Contact Phone №: _____ Email Address: _____

Residential Address (it will be stated on your certificates): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email Address: _____

US Driver's License №: _____ US Driver's License State: _____

Emergency Contact Name: _____ Emergency Contact Phone №: _____

Local Address in the US (where are you going to stay): _____

City: _____ State: _____ Postal Code: _____ Room / Unit №: _____

SECTION II: SECURITY AND PRIVACY

Country of Citizenship: _____

Passport №: _____ Issue Date: ____/____/____ Expiration Date: ____/____/____

******IMPORTANT******

- **Non-U.S. Citizens** are required to obtain the appropriate TSA security clearance, specifically with the "Final Permission to Initiate Training" status, before beginning a flight training course. TSA Category I or II security clearances are necessary for ATP-CTP and Type Rating courses, while Category III is required for an ATP Multi-Engine (Non-Type) course before commencing the flight portion of training.
- **U.S. Citizens** will be required to show proof of citizenship (i.e. passport or birth certificate) upon arrival.

SECTION III: AERONAUTICAL EXPERIENCE DATA

US (FAA) Pilot Certificate Type: _____ №: _____ Ratings: _____

Non-US (ICAO) Pilot Certificate Type: _____ №: _____ Ratings: _____

FAA (US) Medical Certificate Class: _____ Issue Date ____/____/____ Expiration Date: ____/____/____

Aircraft Category	Total Time	X-Country Time	Night Time	Instrument Time	PIC / PICUS Time	Date of Latest Flight Review
Airplane SEL						/ /
Airplane MEL						/ /
Other Aircraft						/ /

Note: The applicants for an ATP certificate should be familiar with the aeronautical experience requirements stated in 14 CFR 61.153, 61.159 before submission of this application.

Airplane Type Ratings (if applicable)	Total Time	PIC / PICUS Time	SIC Time	Date of Last Flight	Date of Latest Proficiency Check on Type
				/ /	/ /
				/ /	/ /
				/ /	/ /

SECTION IV: ENGLISH PROFICIENCY STATEMENT

I, _____ understand that the Federal Aviation Administration (FAA) requires that all pilot applicants be able to read, write, speak and understand the English language and that my English skills must meet or exceed the FAA and ICAO minimum requirements. I also understand that if English is my second language, my flight training course may take longer than the advertised length of time for training.

Signature: _____ Date: _____ / _____ / _____

SECTION VI: REQUESTED COURSES

Which courses you interested in?

ATP-CTP course

ATP non-type SEL / MEL

ATP with Type Rating: A320 / A330 / B737 / B747 / B757 / Other (_____)

A320 Type Rating: Initial / PIC Upgrade / Recurrent / Requalification (Reduced)

SECTION VII: SUPPORTING DOCUMENTS

To complete your certification process, please submit the filled-in Enrollment Application along with copies of the following documents via email to info@flydreams.us.

For an ATP-CTP Course:

Passport

FAA (preferred) or ICAO CP / ATP License

For a Type Rating Course:

Passport

FAA & ICAO (if any) Pilot Licenses

FAA Medical Certificate (if issued)

Proof of Flight Time on Type (Logbook pages, etc.)

Letter of Verification (if applicable)

SECTION V: How did you hear about ATP.Academy?

Google Ads

Google Search

Friends / Students

Educational Agents

Conference / Event (_____)