



## Aviation Academy

4850 Spartan Dr. Denton, TX 76207

940-383-2484

### Name and Address

Salutation: Mr. Mrs. Ms. Miss First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Contact Information

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Security and Privacy

Citizenship: \_\_\_\_\_ D.L. / Gov't ID Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Gender: Male / Female Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

User Name for usaviationacademy.com (4-16 characters): \_\_\_\_\_ Password: reset

### Certificates and Ratings

Pilot Certificate Type: \_\_\_\_\_ Pilot Certificate No.: \_\_\_\_\_

Classes and Ratings: \_\_\_\_\_

Medical Class: \_\_\_\_\_ Last Medical Date: \_\_\_\_\_

### Flight Dates

Last Flight Date: \_\_\_\_\_ Last Flight Review (BFR) Date: \_\_\_\_\_

Last Certificate/Rating Date: \_\_\_\_\_ Instrument Proficiency Check: \_\_\_\_\_

Time Flown Elsewhere: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_