

CENTURY AIR, INC., Essex County Airport
 19 Wright Way, Fairfield, NJ, USA 07004
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 www.centuryair.com info@centuryair.com



SEVP Student Application

Students applying for admission to a flight training program with Century Air and require an I-20 for an M-1 VISA must complete all items below and return this application to Century Air by fax: (973) 575-4488 or by e-mail: info@centuryair.com. All items must be typed or printed clearly and legibly or the application will not be processed. If items marked with an asterisk (*) do not apply to you, please enter N/A.

ISSUE REASON (CHECK ONE): _____ INITIAL ATTENDANCE _____ CHANGE OF STATUS

SECTION A: PERSONAL INFORMATION

FAMILY NAME:		FIRST NAME:	
MIDDLE NAME:	DATE OF BIRTH:		GENDER:
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
FOREIGN ADDRESS:			
U.S ADDRESS (where you will be living during training):			
FOREIGN PHONE NUMBER:		LOCAL PHONE NUMBER:	
E-MAIL ADDRESS:		MOBILE PHONE NUMBER:	
PASSPORT ISSUING COUNTRY:		PASSPORT NUMBER:	
*SOCIAL SECURITY or PILOT'S CERTIFICATE NUMBER:			
*DRIVER'S LICENSE NUMBER:		*DRIVER'S LICENSE ISSUING STATE:	

SECTION B: DEPENDANT INFORMATION*

Complete this section only if you are applying to have a dependant living with you during your stay in the US.

DEPENDANT FAMILY NAME:		DEPENDANT FIRST NAME:	
DEPENDANT MIDDLE NAME:	DATE OF BIRTH: ___ / ___ / _____		GENDER:
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:	RELATIONSHIP:	

SECTION C: PILOT / PROGRAM INFORMATION

I AM APPLYING FOR THE FOLLOWING COURSES (check all that apply):

PROFESSIONAL CAREER TRAINING (Private, Instrument, Commercial, Multi-Engine)
 PRIVATE PILOT
 INSTRUMENT RATING
 COMMERCIAL PILOT
 MULTI-ENGINE RATING
 FLIGHT INSTRUCTOR, INITIAL
 FLIGHT INSTRUCTOR, INSTRUMENT
 FLIGHT INSTRUCTOR , MULTI-ENGINE
 AIRLINE TRANSPORT PILOT

CERTIFICATED PILOTS ONLY *(please check all pilot certificates and ratings currently held):

STUDENT PILOT
 PRIVATE PILOT
 INSTRUMENT RATING
 ATP
 MULTI-ENGINE RATING
 COMMERCIAL PILOT
 FLIGHT INSTRUCTOR
 TYPE RATING

Date first rated as a pilot _____ Medical Certificate Class _____ First _____ Second _____ Third _____
 Waivers / Limitations _____ Date of Last Biennial Flight Review _____

Have you ever been involved in an aircraft accident? _____ Have you ever been sited for any FAR violation? _____
 Has your pilot certificate ever been revoked / suspended? _____ Do you have a renter's insurance policy in effect? _____

PREVIOUS FLIGHT AND GROUND EXPERIENCE:

School _____ Location _____ Course of Study _____
 School _____ Location _____ Course of Study _____



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SECTION C: PILOT / PROGRAM INFORMATION (cont.)	
PROGRAM START DATE:	PROGRAM END DATE:
NORMAL LENGTH OF STUDY: PROFESSIONAL CAREER TRAINING PROGRAM (PRIVATE, INSTRUMENT, COMMERCIAL/MULTI), 30 WEEKS (7.5 MONTHS) PRIVATE PILOT COURSE, 12 WEEKS (3 MONTHS) INSTRUMENT RATING COURSE, 8 WEEKS (2 MONTHS) COMMERCIAL PILOT COURSE, 10 WEEKS (2.5 MONTHS) FLIGHT INSTRUCTOR INTIAL COURSE, 4 WEEKS (1 MONTH) FLIGHT INSTRUCTOR ADD-ON COURSES, 2 WEEKS (.5 MONTHS)	
PLEASE EXPLAIN YOUR CAREER GOALS IN AVIATION: _____ _____	

SECTION D: FINANCIAL INFORMATION		
TUITION FEES: \$	LIVING EXPENSES: \$	DEPENDANT LIVING EXPENSES*: \$
OTHER COSTS: \$	OTHER COSTS COMMENTS:	
DO YOU HAVE THE FUNDS AVAILABLE FOR TUITION AND LIVING EXPENSES?: <input type="checkbox"/> YES <input type="checkbox"/> NO]		
IF YES, SPECIFY: STUDENT IS FUNDING: \$ _____ FUNDING FROM OTHER SOURCES: \$ _____		
EXPLAIN OTHER SOURCE: _____		
EXPLAIN METHOD OF PAYMENT TO BE USED (i.e. certified check, wire transfer, credit card (type)): _____		
CREDIT CARD NUMBER _____ EXPIRATION DATE ____/____/____		
* Application Fee of \$150 will be charged upon receipt and processing of this application.		
NOTE: Once you are accepted for enrollment in Century Air and your M-1 is approved, you will be required to deposit 20% of the course fee before arrival in the U.S. The remainder of course tuition must be received upon arrival in the U.S. If you are unable to attend training, the course deposit is refundable, minus a \$500 processing fee, if your request is made within 30 days of your scheduled course start date.		

SECTION E: EDUCATION
PLEASE STATE YOUR HIGHEST LEVEL OF EDUCATION COMPLETED:
PLEASE INDICATE YOUR ENGLISH PROFICIENCY IN THE FOLLOWING AREAS (check one box for each area):
SPEAKING <input type="checkbox"/> Excellent (Fluent) <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor WRITING <input type="checkbox"/> Excellent (Fluent) <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor READING <input type="checkbox"/> Excellent (Fluent) <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor
HAVE YOU PASSED A TOEFL OR ENGLISH EQUIVALENCY TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE TYPE OF TEST AND DATE TAKEN _____

I certify that the above information is true and correct to the best of my knowledge. If it is determined that any information has been knowingly falsified, I understand that my flight training privileges may be immediately terminated.

Signed _____ Dated _____

OFFICE USE			
STUDENT ACCEPTED FOR TRAINING	Date ____/____/____	SEVIS APPLICATION COMPLETE	Date ____/____/____
TRAINING DEPOSIT RECEIVED	Date ____/____/____	DATABASE ENTRY COMPLETE	Date ____/____/____