



Simulator and Aviation Training Center

Date \_\_\_\_\_

**Please print as shown on pilot certificate:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. (\_\_\_\_) \_\_\_\_\_ Business Ph. (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Social Security or Pilot's Certificate # \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

**How did you hear about Century Simulator Center?**

\_\_\_\_\_ Walk in \_\_\_\_\_ Referral (name of friend) \_\_\_\_\_

\_\_\_\_\_ Internet Website \_\_\_\_\_ Advertisement \_\_\_\_\_ Other (please state) \_\_\_\_\_

**I am interested in the following training (please check all that apply):**

\_\_\_\_\_ Initial Aircraft Program \_\_\_\_\_ Biannual Flight Review  
\_\_\_\_\_ Annual Recurrent \_\_\_\_\_ IPC (6 month check) \_\_\_\_\_ Aircraft or \_\_\_\_\_ Simulator  
\_\_\_\_\_ Aircraft Transition Program \_\_\_\_\_ Other (please state) \_\_\_\_\_

Recurrent / Review Due Date \_\_\_\_\_

Aircraft Make \_\_\_\_\_ Model \_\_\_\_\_

The aircraft is currently insured with (Underwriter) \_\_\_\_\_

Broker Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Pilot Certificates and Ratings Currently Held (please check all that apply):**

\_\_\_\_\_ Private \_\_\_\_\_ Single Engine Land \_\_\_\_\_ Helicopter  
\_\_\_\_\_ Instrument \_\_\_\_\_ Single Engine Sea \_\_\_\_\_ Commercial  
\_\_\_\_\_ CFII \_\_\_\_\_ Multi-Engine Land \_\_\_\_\_ Instructor  
\_\_\_\_\_ ATP \_\_\_\_\_ Multi-Engine Sea \_\_\_\_\_ Type Rating

Previous Recurrent Training conducted at \_\_\_\_\_

I currently use the following charts for IFR flight \_\_\_\_\_ NOS Approach/Enroute \_\_\_\_\_ Jeppesen

Medical Certificate Class \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third

Medical Date \_\_\_\_\_ Waivers / Limitations \_\_\_\_\_

Date of Last BFR or IPC \_\_\_\_\_ Total Flight Hours \_\_\_\_\_ Flight Time in last 90 Days \_\_\_\_\_

**I certify that all above information given is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_

By signing below, authorize Century Air to charge my credit card in the amount of \$ \_\_\_\_\_ as full payment or deposit for a recurrent/initial training program. My credit card information is as follows:

Card Type (Circle One): VISA MC AMEX DISC

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Cardholder Signature** \_\_\_\_\_

This form must be completed and returned to Century Air prior to scheduling a training class.

Century Air, Inc., 10 Wright Way, Essex County Airport  
Fairfield, NJ 07004 \* (973) 575-4800 \* (973) 575-4488 FAX