



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