



ENDEAVOUR
FLIGHT TRAINING, INC.

www.e-flighttraining.com

14970 NW 42nd Avenue, Suite 117
Opa-Locka, FL 33054

Foreign Student Visa Application

P: (305) 769-2779 F: (305) 769-2780
E: info@e-flighttraining.com



Please fill in the application according to the direction

PERSONAL INFORMATION

Last Name	<input type="text"/>	Social Security No.	<input type="text"/>
First Name	<input type="text"/>	Date of Birth	<input type="text" value="Month / Day / Year"/>
Last Name	<input type="text"/>	Age	<input type="text"/>
E-mail	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	<input type="text" value="City & Country"/>	Citizenship	<input type="text"/>

PERMANENT ADDRESS

Address	<input type="text"/>		
City	<input type="text"/>	State / Province	<input type="text"/>
Country	<input type="text"/>	Zip Code	<input type="text"/>

LOCAL ADDRESS

Address	<input type="text"/>		
City	<input type="text"/>	State / Province	<input type="text"/>
Country	<input type="text"/>	Zip Code	<input type="text"/>

COURSE INFORMATION

Please select the Course(s) that you are applying for

- | | |
|--|---|
| <input type="checkbox"/> Private Pilot Certification - Airplane Single Engine Land | <input type="checkbox"/> Additional Aircraft Rating - Airplane Single Engine Land |
| <input type="checkbox"/> Commercial Pilot Certificate - Airplane Multi-engine Land | <input type="checkbox"/> Additional Aircraft Rating - Airplane Multi-engine Land |
| <input type="checkbox"/> Instrument Pilot Certificate - Airplane | |



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PREVIOUS EXPERIENCE (IF ANY)

Total Hours Dual Instruction

Solo or Pilot-in-Command Issuing Country

Licenses / Ratings Held FAA Medical (Class and Issuance Date) Month / Day / Year

PASSPORT INFORMATION (For International Students)

Passport Issued by Passport Number

Passport Issue Date Month / Day / Year Passport Expiration Date Month / Day / Year Married Yes No

American Embassy/Consulate (Nearest You) Number of Dependents

EMERGENCY CONTACTS

Name Phone Number

Address

City State / Province

Country Zip Code

Relation to Student (Example: brother, friend, etc.)

Foreign Student Signature

Signature Date

 Month / Day / Year