



MID ISLAND FLIGHT SCHOOL

SINCE 1946 - A DIVISION OF MID ISLAND AIR SERVICE, INC.

MID ISLAND FLIGHT SCHOOL

Page **1**

FLIGHT SCHOOL APPLICATION FOR ADMISSION

Name: _____

Address: _____

Telephone Home: _____ Work: _____ e-mail: _____

Date of Birth: _____ Name of Parent or Guardian: * _____

Emergency Contact: _____ Phone: _____ Relationship: _____

S/S No. _____ US Citizen: Y__ N__ Visa Type: _____ Exp. Date: _____

TSA verification: Passport _____ exp date: _____ Original Birth Certificate _____

PREVIOUS FLIGHT EXPERIENCE

Flight Time:

TOTAL	DUAL	PIC	X-C	NIGHT	COMPLEX	HOOD	ACT/IFR

FAA PILOT CERTIFICATE NOW HELD:

- Student Pilot
- Private Pilot
- Commercial

- ATP
- Flight Instructor
- Multi-Engine

- Instrument-SEL
- Instrument-MEL

Pilot Certificate No: _____ Issued: _____ Last BFR: _____

Medical Certificate: _____

 (Class) (Date of Issue) (Limitations)

L.I. MacArthur Airport: 101 Hering Drive • Ronkonkoma • NY 11779 • phone: 631.588.5400 • fax: 631.588.5799

Brookhaven Airport: 139 Dawn Drive • Shirley • NY 11967 • phone: 631.281.5400 • fax: 631.281.5473

mias46@midislandair.com • www.midislandair.com



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Page **2**

AIRCRAFT FLOWN:

Single Engine: _____ Hours: _____

Multi Engine: _____ Hours: _____

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____ Date _____

****To be signed by Parent/Guardian if applicant is under 18 years of age.***
The Parent/Guardian of above named applicant hereby gives consent and approval to this application

Rev: 6/07

