



I-20 Application Form

Your Information

First Name _____ Middle Name _____ Last Name _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Cell Phone _____ Other Phone _____
Email _____

Emergency Contact Information

First Name _____ Middle Name _____ Last Name _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Phone _____ Email _____

Additional Personal Information

Citizenship _____ Govt. ID Type _____ Number _____
Country of Birth _____
Date of Birth: Month _____ Day _____ Year _____
Gender Male Female

What Training Would you like to Complete With Us? (Check All that apply.)

- Sport Pilot Airplane Commercial Pilot SEL Sport Pilot Helicopter Commercial Pilot Helicopter
 Private Pilot Airplane Multi-Engine Add-On Private Pilot Helicopter CFI Program
 Instrument Airplane CFI Program Instrument Helicopter Cirrus Transition

Financing

- Personal Financial Aid Other

Do you require Housing Accommodations? Yes No

When Would you like to start? Month _____ Day _____ Year _____

Were you referred by a Broker? Yes No
If so, who? _____

Once Complete Fax or Email to Elite Flight Training and Management, Call if you have any questions.

Phone: 702-835-1222

Fax: 702-631-1915

Email: Info@iflyelite.com