



PERSONAL INFORMATION:	
Family Name	First Name
Date of Birth (dd/mm/yyyy):	Social Security Number (US Crew Only)
Address 1:	
Address 2:	
Primary Telephone:	Mobile Number:
Secondary Telephone:	Fax Number:
E-mail Address:	

BACKGROUND INFORMATION:	
Nationality 1:	
Passport Number:	
Date Valid to:	
Nationality 2:	
Passport Number:	
Date Valid to:	

PROFESSIONAL INFORMATION: LICENSE INFORMATION	
LICENSE TYPE:	
License Number:	
Issued Date:	Expiration Date:
Issuing Country:	Type Rating:
Date of last medical exam:	Expiration date of medical exam:

LICENSE TYPE:	
License Number:	
Issued Date:	Expiration Date:
Issuing Country:	Type Rating:
Date of last medical exam:	Expiration date of medical exam:

FLYING EXPERIENCE (PLEASE INCLUDE MOST RECENT AIRCRAFT)

Aircraft	Number of Command Hours (*)	Number of Co-Pilot Hours	F/E Hours	Date of Last Flight (dd/mm/yyyy)

(*Command time is left hand seat time only, do NOT include Cruise Captain Time or command under supervision time)

Total Hours:	Captain (*):	F/O	F/E



CURRENCY RECORD	
Total time last 6 months:	Captain:
F/O:	F/E:
Last simulator check:	A/C:
Date (dd/mm/yyyy)	

INSTRUCTOR EXPERIENCE

Aircraft	Type of Training (Line/Base/Ground/Sim etc)	Airline

EMPLOYMENT HISTORY

Company Name	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Position	Reason For Leaving

APPLICANTS DECLARATION

I hereby declare that all of the information included in this application is true in every respect

Signature of applicant

Date