



**"STUDENT ENQUIRY FORM"**

UHI requires the following information to be able to assess your enquiry. **US Citizens** should complete all questions including Passport and Medical information but ignore the Visa/Permanent Resident Card questions (8 & 9).

**Non US Citizens** may require US Government TSA Security Clearance, a student training Visa, and an FAA Medical Certificate appropriate to the requested Pilot Certificate and should answer all questions:-

1) <b>Name (Family, First, Middle)</b> _____		Gender: <b>Male</b> , <b>Female</b>	
2) <b>Home Address (number, street, City, State/Province, zip/postal code, Country)</b> _____			
3) <b>Telephone numbers (including country code if not in the US and area codes) Home phone; Cell/Mobile phone:</b> _____			
4) <b>Date of Birth (mm/dd/yyyy):</b> _____		5) <b>E-Mail address:</b> _____	
6) <b>US Citizen</b> Yes    No    : <b>Place of Birth (City, State/Province, ZIP/Post Code, Country)</b> _____			
7) <b>Passport Number, Place of Issue, Issue Date, Expiry Date (mm/ dd/ yyyy), Issuing Country</b> _____			
8) <b>If any US Visa is held state Visa Class and Expiry Date. If no visa is held, state "none"</b> _____			
9) <b>USA Permanent Resident Card held.</b> No    . <b>If Yes</b> state <b>INS A#</b> _____			
10) <b>Are you taking any Prescription Medicine?</b> Yes    : <b>If Yes, provide details of ailment and drugs being taken:</b> _____			
11) <b>Requested Starting Date (mm/dd/yyyy):</b> _____		12) <b>Your Weight (lbs):</b> _____	
13) <b>Pilot Certificates Held:</b> Category: <b>Airplane</b> , <b>Helicopter</b> , <b>Country of Issue:</b> _____ <b>Private</b> , <b>Commercial</b> , <b>Instrument</b> , <b>CFI</b> , <b>CFII</b> , <b>ATP</b> : <b>Total Flight Hours</b> _____ <b>Total Cross Country time</b> _____ <b>Total Instrument/Hood hours</b> _____ <b>Total Night hours</b> _____ <b>Total Solo hours</b> _____ <b>Last IPC date or instrument currency expiry date</b> _____			
14) <b>Total Helicopter Flight Hours:</b> _____ <b>R22 Hours:</b> _____ <b>R44 Hours:</b> _____ <b>Other Types Hours:</b> _____ <b>Cross Country Hours:</b> _____ <b>Night Hours:</b> _____ <b>Instrument Hours:</b> _____ <b>Flight Simulator/FTD Hours:</b> _____ <b>PIC Hours:</b> _____ <b>Solo Hours:</b> _____			
15) <b>FAA Helicopter Certificates Requested:</b> <b>Private</b> ; <b>Commercial</b> ; <b>Instrument</b> ; <b>CFI</b> ; <b>CFII</b> ; <b>ATP</b> ; <b>Add-On</b>			

**PLEASE COMPLETE ON LINE AND SUBMIT BY E-MAIL**

**PLEASE NOTE HAND WRITTEN FAXED FORMS ARE NOT ACCEPTABLE**