

**APPLICATION (for U.S. applicants)
FIVE-WEEK SHEFFIELDWEST AIRCRAFT DISPATCHER COURSE
ST. GEORGE, UTAH**

REQUESTED CLASS STARTING DATE: ____ / ____ / ____
Mo Day Year

PLEASE PRINT CLEARLY

NAME _____ SOC. SEC. NO. ____ - ____ - ____
Last First Middle

ADDRESS _____
Street/PO Box City ST/ZIP Country

TELEPHONE (____) _____ (____) _____ E-mail Address
Home Work

PERSONAL INFORMATION Sex: F or M
DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____
Mo Day Year City State/Province/Country (if not U.S.A.) Height (in inches) Wt (in pounds) Hair Color Eye Color

Check Highest Diploma / Degree Attained: ___ High School ___ GED ___ Associate Degree ___ Bachelor's Degree ___ Post-graduate

LAST SCHOOL ATTENDED: _____ DATES ATTENDED: _____

CURRENT EMPLOYER: _____ SUPERVISOR: _____ PHONE #: _____

ADDRESS: _____
Street City ST/ZIP Country

FAA RATINGS, if any: _____

AVIATION EXPERIENCE, if any: _____

RESPONSIBLE FOR PAYMENT: MYSELF _____ EMPLOYER _____ OTHER _____
(state name) (state name)

*NOTE: Personal information is required for FAA License Application purposes.

Please indicate if you would like us to send you a student loan application: yes ____ no ____

By my signature below, I certify that I am over 21 years of age, or will be 21 by the course completion date, and that the statements I have made are true to the best of my knowledge. I have received a School Catalog and/or have read the online School catalog for updates. I have also read the terms and conditions related to enrollment and attendance, including the Refund Policies. I have enclosed a check or money order in the amount of US\$250.00 (Non-Refundable Registration Fee) and request an Enrollment Agreement. I understand that I am under no obligation to enroll and that the class is filled upon receipt of the Enrollment Agreement with tuition deposit, and not this original application.

Applicant's Signature

Date