



Enrollment Application

South Valley Regional Airport
P: 801-858-0042 F: 801-858-0043
7365 S 4450 W
West Jordan, Utah 84084

Personal Information

Student Name			Last	First	Middle
Address					
Street		City	State	Zip	Country
Date of Birth	Place of Birth (City & County)		Driver License State Exp		
Home Telephone	Cellular Telephone		Other Telephone		
Emergency Contact			Telephone		
Occupation				Height	Weight
Current or Most Recent Employer				Employer's Telephone	
Employer's Address				Citizen of what country?	
City State Zip				Proof of Citizenship	

Certificate or Rating Sought (mark only one)

<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	Remarks
<input type="checkbox"/> Instrument	<input type="checkbox"/> Flight Instructor	

Flight Experience

Pilot Certificates Held						Certificate Number			Date Issued
<i>Logged Flight Experience</i>	Total Flight Time	Dual Inst Received	Solo	PIC	X-Country Solo	X-Country Dual	Night	Date of Last Flight	Other Flight Experience
Airplanes									
Medical Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Class of Medical <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		Date Issued		Certificate Number		Physician Name	
Enrollment Date					Expected Completion Date				
Other Flight School(s) Attended							Telephone		
City, State, ZIP									

- Certificate of Enrollment Received by Applicant
- Training Syllabus Received by Applicant
- Leading Edge Operating and Safety Procedures Received by Applicant

Student Signature _____ **Date** _____
Chief Flight Instructor Signature _____ **Date** _____