



# Endeavour Flight Training, Inc.

4340 NW 145 Street Suite 111 Hangar 1 Aeropuerto de Opa-locka Fl 33054.

Phone (305)769-2779 Fax (305)769-2780 www.e-flighttraining.com

## FOREIGN STUDENT VISA APPLICATION

Please fill in the application according to the direction

### PERSONAL INFORMATION

Your Name \*

Date of Birth \*    Age \*   
mm dd yy

E-mail Address\*

Telephone Number\*

Gender Male  Female

Place of Birth   
(City & Country)

Citizenship

### PERMANENT ADDRESS \*

Street \*

City/State / Province\*

Zip / Postal Code\*

Country\*

### LOCAL ADDRESS (U.S)

Street

City/State / Province

Zip / Postal Code

Country



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### COURSE INFORMATION

Please select the Course(s) that you are applying for:

- |                              |                               |                          |
|------------------------------|-------------------------------|--------------------------|
| Private Pilot Certification  | - Airplane Single Engine Land | <input type="checkbox"/> |
| Commercial Pilot Certificate | - Airplane Single Engine Land | <input type="checkbox"/> |
| Instrument Pilot Certificate | - Airplane                    | <input type="checkbox"/> |
| Additional Aircraft Rating   | - Airplane Multiengine Land   | <input type="checkbox"/> |
| CFI, CFII, MEI               |                               | <input type="checkbox"/> |

### PREVIOUS EXPERIENCE (IF ANY)

Total Hours	<input type="text"/>
Dual Instruction	<input type="text"/>
Solo or Pilot- in- Command	<input type="text"/>
Licenses/Ratings Held	<input type="text"/>
Issuing Country	<input type="text"/>
FAA Medical (Class and Issuance Date)	<input type="text"/>



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### PASSPORT INFORMATION (For International Students) ▼

Passport Issued by

Passport Number

Passport Issue Date

Passport Expiration Date

American Embassy/Consulate Nearest you

Married YES  NO

Number of Dependents

### EMERGENCY CONTACTS ▼

Name

Address

Telephone Number

Relation to Student   
(Example: Brother, Friend. etc)