



# Application Form

Please fill in all the required information as much as applicable. All applications must be delivered with the other requirements and a (non refundable) **application fee of 1000 S.R.** at our Jeddah office (Al Basateen Street, Al Basateen Dist.).

Non Jeddah residents can send the filled application, requirements, and bank deposit voucher to fax number: +9662 5505 234. **Samba Bank Acc: 12500070**

## Personal Information

Full Name: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Nationality: \_\_\_\_\_ ID Type: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

## Courses

- |                                                       |                                              |                                |
|-------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Discovery Flight             | <input type="checkbox"/> PPL                 | <input type="checkbox"/> CFII  |
| <input type="checkbox"/> Flight Review                | <input type="checkbox"/> CPL                 | <input type="checkbox"/> MEI   |
| <input type="checkbox"/> Recurrent Training           | <input type="checkbox"/> Multi Engine Rating | <input type="checkbox"/> AGI   |
| <input type="checkbox"/> Instrument Proficiency Check | <input type="checkbox"/> ATPL                | <input type="checkbox"/> IGI   |
| <input type="checkbox"/> Instrument Rating            | <input type="checkbox"/> CFI                 | <input type="checkbox"/> Other |

## Preferred Enrolment Date

- |                                        |                                        |                                |
|----------------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Next February | <input type="checkbox"/> Next August   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Next May      | <input type="checkbox"/> Next November |                                |

## License Conversion

- |                                                   |                                        |
|---------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> PPL                      | Previous Flying Training School: _____ |
| <input type="checkbox"/> CPL                      | Graduation Date: _____                 |
| <input type="checkbox"/> Instrument Rating        | Acquired License: _____                |
| <input type="checkbox"/> Multi Engine Rating      | Type and Number: _____                 |
| <input type="checkbox"/> ATPL                     | Country of Issue: _____                |
| <input type="checkbox"/> Flight Instructor Rating | Medical Class: _____                   |
|                                                   | R/T Lic No.: _____                     |

## Log Book Details (if available)

	Total	PIC	SIC	Solo	Solo X-Country	Total X-Country	Instrument	Simulated Instrument	PIC Night	Total Night	Flight Instruction
Logbook Hours											
Aircraft Type											

## Requirements

With this application I supplied Rabigh Wings school with photocopies of the following documents:

- |                                                    |                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Valid ID                  | <input type="checkbox"/> License (if available)                 |
| <input type="checkbox"/> Medical                   | <input type="checkbox"/> Highest Education Certificate Received |
| <input type="checkbox"/> Logbook (if available)    | <input type="checkbox"/> Toefl Level 4                          |
| Ministry of internal affairs clearance certificate | Drug test clearance                                             |

Date: \_\_\_\_\_

Signature: \_\_\_\_\_