

Southern Skies Aviation Ltd. Application Form

Surname: _____

Given Name(s): _____

Street: _____

City: _____ **Prov/State:** _____

Postal/Zip Code: _____

Home Phone: _____
(Please include Country and Area Code)

Alternative Phone: _____

Email Address: _____

Previous Flying Experience - if applicable

Previous Ground School?	Hrs?	Dual:	Solo:
Hours flown in last 6 months			
Hours flown in last 5 years			
A/C Type			
Name of School:			

Location: _____

License(s) held: _____

License Number: _____

Transport Canada Medical Category: _____

Valid to:

Date of Last Medical:

I am interested in the following course: _____

Signature

Complete and return to Southern Skies Aviation Ltd.

Fax: 250-493-7733
Email: fly@southernskies.ca

Mail: 3680 Airport Rd.
Penticton, BC V2A 8X1 Canada