

PERSONAL INFORMATION:

Name: _____

Address: _____

Zip code & Town: _____

Country: _____

Phone: _____

Email: _____

ID/Passport No: _____

Name, address & phone to closest relative: _____

PREVIOUS FLYING EXPERIENCE:

Total Hours: _____

Expiry Date License: _____

Expiry Date Class Rating: _____

Issuing Country: _____

Expiry Date IR: _____

Expiry Date Medical: _____

Expiry Date Language: _____

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction	Cross Country Solo/PIC	Instrument Actual & Simulated	Night Instruction Received	Night PIC
Single Engine									
Multi Engine									
Other									

PHYSICAL RECORD:

Age: _____

Date of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

SELECT YOUR TRAINING COURSE(S):	Registration fee: *
<input type="checkbox"/> AIRLINE PILOT "ZERO TO MCC"	SEK 50,000.00
<input type="checkbox"/> PPL - PRIVATE PILOT LICENSE	SEK 8,000.00
<input type="checkbox"/> NQ - NIGHT QUALIFICATION	SEK 1,000.00
<input type="checkbox"/> CPL - COMMERCIAL PILOT LICENSE	SEK 2,000.00
<input type="checkbox"/> FI - FLIGHT INSTRUCTOR	SEK 10,000.00
<input type="checkbox"/> CBIR SE- INSTRUMENT RATING SINGLE ENGINE	SEK 10,000.00
<input type="checkbox"/> CBIR ME - INSTRUMENT RATING MULTI ENGINE	SEK 18,000.00
<input type="checkbox"/> VFR ME- MULTI ENGINE CLASS RATING	SEK 2,000.00
<input type="checkbox"/> VFR+IFR - MULTI ENGINE CLASS RATING	SEK 4,000.00
<input type="checkbox"/> CPL+IR+ME - PRACTICAL COURSE	SEK 18,000.00
<input type="checkbox"/> PBN - THEORY + PRACTICAL COURSE	SEK 2,000.00
<input type="checkbox"/> ATPL THEORY	SEK 5,000.00

REGISTRATION FEE INFORMATION:

* Registration fees are non-refundable. At first day of class the fee, less 10% or minimum 1000 SEK administration fee, will be credited toward your course tuition.

International Wire Transfer:

SOUTH SWEDEN FLIGHT ACADEMY AB
 IBAN: SE70 9500 0099 6034 0869 2824
 BIC/Swift: NDEASESS
 BANK: Nordea

Plusgiro:

86 92 82-4

Appendix 1: [Student Guide](#)

- I have attached the required documents as per page 3 of this application form and understand that my application will not be processed until the application is complete.
- I have read and understood the application form and Appendix 1 and accept the terms and conditions. I also understand and accept that South Sweden Flight Academy AB is obliged by law to maintain my student records containing my personal information for up to 3 years.

Signed: _____

Date: _____

E-mail signed form and attachments to: malin@southsweden.se

You will be notified if eligible for the course(s) selected and will receive an Enrolment Letter via e-mail after full payment of registration fee.



CHECKLIST FOR REQUIRED DOCUMENTS

Instructions:

Please supply **one** PDF per attachment no larger than 2MB per pdf.
Name each PDF with your initials, for example: MH_PASSPORT.pdf

PPL & 0-MCC	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	MEDICAL - EASA medical*
	<input type="checkbox"/>	TRANSCRIPTS - Math, Physics & English

* Medical is required by the time for first solo flight.

NQ	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	LICENSES - Valid licenses
	<input type="checkbox"/>	MEDICAL - EASA medical

ME	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	LICENSES - Valid licenses
	<input type="checkbox"/>	MEDICAL - EASA medical
	<input type="checkbox"/>	LOGBOOK - Last three pages of logbook

CBIR	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	LICENSES - Valid licenses
	<input type="checkbox"/>	LOGBOOK - Last three pages of logbook
	<input type="checkbox"/>	MEDICAL - EASA medical
	<input type="checkbox"/>	TRANSCRIPTS - Math, Physics & English

CPL & FI	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	LICENSES - Valid licenses
	<input type="checkbox"/>	LOGBOOK - Last three pages of logbook
	<input type="checkbox"/>	MEDICAL - EASA medical
	<input type="checkbox"/>	ATPL THEORY CERTIFICATE*

* FI students; ATPL certificate is required for PPL FI, Transcripts in Math, Physics & English suffice for LAPL FI.

ATPL THEORY	<input type="checkbox"/>	PASSPORT - Valid passport
	<input type="checkbox"/>	LICENSE - Valid license
	<input type="checkbox"/>	MEDICAL - EASA medical class 1
	<input type="checkbox"/>	TRANSCRIPTS - Math, Physics & English

Please be advised that Non-Swedish citizen need **records from the registry of suspicion and previous convictions** in English in original from the police authority in the country where you hold your citizenship. This will be sent to the Swedish CAA together with your skill test documents.

E-mail signed application form and attachments to: malin@southsweden.se