



Student ID Number: _____

OFFICE USE ONLY

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: _____

Requirement 1500 Flight Hours*

- 500H on multi-pilot aircraft
- 250H PIC
(or 500H PICUS; or 70H PIC and 180H PICUS.)
- 200H Cross country.
- 75H Instrument time (max 30 ground)
- 100H Night flying as PIC or Co-Pilot

Your Flight Time Calculation						
Total	Multi Pilot Aircraft	Pilot in Command		Cross Country	Instr. Time	Night Time
		PIC	PICUS			

*See full regulatory details in Part-FCL:

FCL.510.A ATPL(A) - Prerequisites, experience and crediting

PHYSICAL RECORD:

Age: _____

Date of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

COURSE TUITION PRICE: € 3 600

When enrolled you will receive a log-in to your student account via mail.
Learning materials and schedules will be sent to you when full course tuition is paid.
Mark you payment with your full name.

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

Bank Transfer:

Clearing: 9960
Account: 340 869 2824

Appendix 1: Student Guide - Online version at www.southsweden.se always applies.

- 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



CHECKLIST FOR REQUIRED DOCUMENTS

Instructions:

Please supply **one** PDF per attachment no larger than 2MB per pdf.

Name each PDF with your initials and PASSPORT, LICENSE, LOGBOOK, MEDICAL.

For example: MH_PASSPORT.pdf

E-MAIL WITH APPLICATION:	<ul style="list-style-type: none"><input type="checkbox"/> Valid Passport<input type="checkbox"/> Valid license, rating or certificate issued by a third country<input type="checkbox"/> Proof of PIC privileges of the ratings applied for<input type="checkbox"/> Last test/check performed on the relevant rating<input type="checkbox"/> Last three pages of pilot's logbook (certified copies)<input type="checkbox"/> Valid Part-MED medical certificate
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E-mail signed application form and attachments to: malin@southsweden.se

