	South SW Flight Acai	EDEN	=	Z APPI	ICATIO	ON FOR	ADMIS	SION I	Page 1
						Student	t ID Num	ber:	
PERSONAL IN	FORMA	TION:							
Name:									
Address:									
Zip code &Town									
Country:									
Phone:									
Email:									
ID/Passport No:									
Name, address 8	k phone t	o closest	relative:						
PREVIOUS FLY	ING EX								
Total Hours:									
Expiry Date Licer	nse:								
Expiry Date Class	s Rating:								
Issuing Country:									
Expiry Date IR:									
Expiry Date Med	ical:								
Expiry Date Lang	Juage:								
	Total	Instruction	Solo	Pilot in	Cross	Cross	Instrument	-	Night
		Received		Command (PIC)	Country Instruction	Country Solo/PIC	Actual & Simulated	Instruction Received	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: *					
☐ AIRLINE PILOT "ZERO TO MCC"	SEK 20,000.00					
PPL - PRIVATE PILOT LICENSE	SEK 5,000.00					
NR - NIGHT RATING	SEK 1,000.00					
CPL - COMMERCIAL PILOT LICENSE	SEK 2,000.00					
□ FI - FLIGHT INSTRUCTOR	SEK 5,000.00					
□ CBIR SE- INSTRUMENT RATING SINGLE ENGIN	JE SEK 5,000.00					
CBIR ME - INSTRUMENT RATING MULTI ENGIN	JE SEK 10,000.00					
VFR ME- MULTI ENGINE CLASS RATING	SEK 2,000.00					
VFR+IFR - MULTI ENGINE CLASS RATING	SEK 4,000.00					
CPL+IR+ME - PRACTICAL COURSE	SEK 10,000.00					
PBN - THEORY + PRACTICAL COURSE	SEK 2,000.00					
□ ATPL THEORY	SEK 5,000.00					
<b>REGISTRATION FEE INFORMATION:</b>						
* Registration fees are non-refundable. At first day of class th	ne fee, less 10% or minimum 1000					
SEK administration fee, will be credited toward your course tuition.						
	lusgiro: 6 92 82-4					
	o 92 82-4 wish:					

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:

Account: 1476 43 00907

Date:

123 131 66 11

## 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**

SOUTH SWEDEN FLIGHT ACADEMY

## 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	<ul> <li>PASSPORT - Valid passport</li> <li>MEDICAL - EASA medical*</li> <li>TRANSCRIPTS - Math, Physics &amp; English</li> </ul>
NQ	<ul> <li>* Medical is required by the time for first solo flight.</li> <li>PASSPORT - Valid passport</li> <li>LICENSES - Valid licenses</li> </ul>
	MEDICAL - EASA medical
ME	<ul> <li>PASSPORT - Valid passport</li> <li>LICENSES - Valid licenses</li> <li>MEDICAL - EASA medical</li> <li>LOGBOOK - Last three pages of logbook</li> </ul>
CBIR & PBN	<ul> <li>PASSPORT - Valid passport</li> <li>LICENSES - Valid licenses</li> <li>LOGBOOK - Last three pages of logbook</li> <li>MEDICAL - EASA medical</li> <li>TRANSCRIPTS - Math, Physics &amp; English</li> </ul>
CPL & FI	<ul> <li>PASSPORT - Valid passport</li> <li>LICENSES - Valid licenses</li> <li>LOGBOOK - Last three pages of logbook</li> <li>MEDICAL - EASA medical</li> <li>ATPL THEORY CERTIFICATE*</li> </ul>
ATPL THEORY	<ul> <li>PASSPORT - Valid passport</li> <li>LICENSE - Valid license</li> <li>MEDICAL - EASA medical class 1</li> <li>TRANSCRIPTS - Math, Physics &amp; English</li> </ul>

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