



# Endeavour Flight Training, Inc.

14850 NW 44th Court Suite 206 Opa-Locka FL 33054. Miami - Florida.  
Phone (305)769-2779 Fax (305)769-2780 www.e-flighttraining.com

## FOREIGN STUDENT VISA APPLICATION

Please fill in the application according to the direction

### PERSONAL INFORMATION ▼

Your Name \*

Date of Birth \*    Age \*   
mm dd yy

E-mail Address\*

Telephone Number\*

Gender Male  Female

Place of Birth   
(City & Country)

Citizenship

### PERMANENT ADDRESS \* ▼

Street \*

City/State / Province\*

Zip / Postal Code\*

Country\*

### LOCAL ADDRESS (U.S) ▼

Street

City/State / Province

Zip / Postal Code

Country



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### COURSE INFORMATION ▼

Please select the Course(s) that you are applying for:

- |                              |   |                             |                          |
|------------------------------|---|-----------------------------|--------------------------|
| Private Pilot Certification  | - | Airplane Single Engine Land | <input type="checkbox"/> |
| Commercial Pilot Certificate | - | Airplane Single Engine Land | <input type="checkbox"/> |
| Instrument Pilot Certificate | - | Airplane                    | <input type="checkbox"/> |
| Additional Aircraft Rating   | - | Airplane Multiengine Land   | <input type="checkbox"/> |
| CFI, CFII, MEI               |   |                             | <input type="checkbox"/> |

### PREVIOUS EXPERIENCE (IF ANY) ▼

Total Hours	<input type="text"/>
Dual Instruction	<input type="text"/>
Solo or Pilot- in- Command	<input type="text"/>
Licenses/Ratings Held	<input type="text"/>
Issuing Country	<input type="text"/>
FAA Medical (Class and Issuance Date)	<input type="text"/>



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### PASSPORT INFORMATION (For International Students) ▼

Passport Issued by	<input type="text"/>
Passport Number	<input type="text"/>
Passport Issue Date	<input type="text"/>
Passport Expiration Date	<input type="text"/>
American Embassy/Consulate Nearest you	<input type="text"/>
Married	YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of Dependents	<input type="text"/>

### EMERGENCY CONTACTS ▼

Name	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text"/>
Relation to Student (Example: Brother, Friend. etc)	<input type="text"/>