

REGISTRATION APPLICATION AND I-20 INFORMATION FORM

Please print or type

Student's Full Legal Name:

First: _____

Last : _____

Middle: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Please circle: Male / Female Date of Birth: (MM/DD/YY) _____

Country of Citizenship: _____ Birth Country: _____

Arrival Date to U.S.: _____ Return Date: _____

Training Course Requested: (Please circle one.)

Private Pilot Course – SE
Commercial Course – SE / ME
Instructor – Instrument Course
Other (Please indicate)

Instrument Course – SE
Instructor Course – SE / ME
ATP – SE / ME

How do you rate your English? (Please circle one)

Very good Good Adequate Very little

Applicant Name:

Signature: _____ Date: _____

Please email or fax this form to: Jacobs Flight Services, LLC
3200 Airglades Blvd.
Clewiston, FL 33440
customerservice@jacobsflightservices.com
Fax: 916-391-5660