|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | |
| Full Name |  | | | | |
| Email |  | | | | |
| Pilot Cert # |  | | | Phone # |  |
| Address |  | | | | |
|  | | | | | |
| Are you a Veteran? | | | | | |
| Yes or No | | |  | | |
| If no, skip this section | | | If yes, please provide: approval letter, social security number and second class medical | | |
|  | | |  | | |
| Credit Card Information: $450 fee | | | | | |
| Type of Card | |  | | | |
| Name on Card | |  | | | |
| Card # | |  | | | |
| Expiration Date | |  | | | |
| CVV Code | |  | | | |
| Billing Zip Code | |  | | | |