



Era Training Center LLC  
STUDENT ENROLLMENT FORM

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCAL CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PH: \_\_\_\_\_

PRIMARY BILLING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

COURSE REQUESTED: \_\_\_\_\_

DATES REQUESTED: \_\_\_\_\_

\*\*\*\*ALL REQUESTS MUST BE SUBMITTED TO THE TRAINING COORDINATOR 14 DAYS IN ADVANCE OF COURSE DATE\*\*\*\*

CURRENT CERTIFICATES ROTORCRAFT HELICOPTER:

PRIVATE  COMMERCIAL  ATP  CFI  CFII  COUNTRY OF ISSUANCE: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

CURRENT MEDICAL: YES  NO

CLASS: FIRST  SECOND  THIRD

ANY LIMITATIONS: YES  NO  IF YES PLEASE LIST  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPERIENCE

TOTAL HELICOPTER: \_\_\_\_\_ PIC: \_\_\_\_\_ SIC: \_\_\_\_\_

LIST MODEL EXPERIENCE:	SINGLE ENGINE:	_____
_____	TWIN ENGINE:	_____
_____	TOTAL XC:	_____
_____	TOTAL NIGHT:	_____
_____	TOTAL INSTRUMENT:	_____
_____		
_____		

ADMIN ONLY: DATE RECEIVED \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

Curriculum assigned: \_\_\_\_\_ Prerequisite number assigned: \_\_\_\_\_