**DELTA-QUALIFLIGHT AVIATION**
117 American Concourse
Fort Worth, Texas 76106
PHONE: (817) 626-6300
FAX: (817) 626-6305
**Email:** Mail@DeltaQualiflight.com
FB: Delta Qualiflight Aviation
WEB: www.DeltaQualiflight.com

# ENROLLMENT FORM

**(PLEASE TYPE OR PRINT CLEARLY)**

**Thank you for choosing Delta-Qualiflight Aviation as your flight school.**

## PERSONAL INFORMATION

Family (Last) Name _____

First Name (Given) _____

Middle Name _____

Male____ Female____

Date of Birth _____/_____/_____
**Month** **Day** **Year**

Country of Birth_____

Country of Citizenship_____

Mailing Address _____

City _____ Province/Territory _____ Country _____ Postal Code _____

Email Address _____ @ _____

**Primary Contact Number** _____ Alternate Contact Number _____

Fax Number _____

**What type of pilot training are you seeking?** _____ **Preference start date:** _____

Pilot License currently held, any:_____

**Pilot Flight Time**

| DUAL | SOLO/PIC | TOTAL | INSTRUMENT: HOOD/ACTUAL | INSTRUMENT: GROUND TRAINER | INSTRUMENT: TOTAL | CROSS-COUNTRY: DUAL | CROSS-COUNTRY: SOLO/PIC | CROSS-COUNTRY: TOTAL | NIGHT: DUAL | NIGHT: SOLO/PIC | NIGHT: TOTAL | COMPLEX AIRCRAFT: DUAL | COMPLEX AIRCRAFT: SOLO/PIC | COMPLEX AIRCRAFT: TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

## APPLICATION FEE & TUITION -

**Please note the following wire transfer details to send your APPLICATION FEE & TUITION payments. Credit card payments or bank drafts in USD also accepted.**

**Wire Transfer Instructions**
Please wire funds to:
**JP MORGAN CHASE BANK**
**Fort Worth, Texas**
**SWIFT: CHASUS33**
**ABA: 111000614**
**ACCOUNT NO. 972952444**
**BNF: Delta Aeronautics, Inc.**

- **Please include the student's name on transfer.**
- Please fax of email confirmation of wire sent to school.
- Mail@DeltaQualiflight.com
- Fax: (817)626-6305

**Signature** **Date**

Enrollment fees are nonrefundable.
12% transfer fee or early withdraw