

Registration Form Selection tests Airline Transport Pilot

NAME: _____ FIRST NAME: _____
 ADDRESS: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 PHONE: _____ MOBILE: _____
 ID-Number: _____ LANGUAGE: _____
 E-Mail: _____ SEX: MALE FEMALE

I would like to start my training in:

01/2011	05/2011	09/2011
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	Sept 10	Oct 10	Nov 10	Dec10	Jan 11
physics	15/09 (pm) 17/09	14/10 15/10	2, 3, 4/11	6, 7, 8/12	5, 6, 7/1
English	15/09 17/09	14/10 15/10	2, 3, 4/11	6, 7, 8/12	5, 6, 7/1
ADAPT	23-24/09 27-28/09	21-22/10 25-27/10	25, 26, 29, 30/11	1, 2, 3/12	27, 28, 31/01 01/02

Please check the Pre entry requirement section. At least **CV** and **motivation letter** should be added to this registration form when applying. Should the Medical Examination Class 1 not be done, a document proving the appointment date is to be joined to your application form.

Preferred Testing dates:

Test Physics : _____
 Test English : _____
 ADAPT : _____

👉 Please note that the ADAPT test will be confirmed after passing Physics and English

If applicable:

Flying experience:
 Glider: DC _____ hrs SOLO _____ hrs
 Prop/Turboprop: DC _____ hrs SOLO _____ hrs

How did you get in contact with the S.F.A.? _____

DATE: _____ SIGNATURE: _____

Please fill out this document **3 weeks in advance**, and **mail** to info@cae.com AND info@sfa.be, **fax** to +32 2 752 57 40, or **send** to: SFA, – FTO Department - Brussels Airport Building 201— B-1820 – Steenokkerzeel - Belgium