ONBOARDING DOCUMENT

CFI Bootcamp
Flight Instructor Training

Tel: 650-600-1021
Email: Nick@cfibootcamp.com
Website: www.cfibootcamp.com

COURSE INFORMATION

Course date you are confirming:

Location: ○ Online ○ Miami, FL ○ Palo Alto, CA ○ Las Vegas, NV ○ Phoenix, AZ

Commercial/CFI or CFI Only? ☐ Commercial/CFI ☐ CFI ☐ CFII

Flying with us?

Need Test?

Have a spin endorsement (CFI students only)?

FIA and FOI Knowledge Test Exam ID Numbers (If taken) Exam IDs are on your knowledge test results - top right:

FOI FIA

YOUR PERSONAL INFORMATION

Name (as it appears on your pilot certificate):

Address:

City: **State:** **Zip code/:**

Email:

Phone:

Country of Citizenship:

PILOT INFORMATION

Pilot Certificate Number:

Ground Instructor Certificate Number(s):

FTN Number:

Certificates and ratings:

Total Time: **Last 3 months:** **Flight review date:**

Time in Cessna 172: **Time in Cessna 172 last 3 months:** **Right Seat Time:**

Rate your proficiency to perform all commercial maneuvers to ACS standards today: (0 – 10 where 10 is totally proficient):

ARRIVING/DEPARTING INFORMATION

What date are you arriving?

Where are you staying?

When are you departing?

Anything else we should know?

CREDIT CARD AUTHORIZATION FORM

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Tel: 650-600-1021
Email: Nick@cfibootcamp.com
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Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

FLIGHT SIDE DEPOSIT

Note: Once the Initial Credit has been Consumed, an additional charge will be placed upon the card. If entire credit is not consumed, a refund will be administered.

Initial Credit Amount: ○ $2,000.00 ○ $4,000.00

CHECKRIDE DEPOSIT

Note: Once a checkride date has been secured a deposit will be collected of $500, of which will be paid directly to the examiner upon the checkride.

CREDIT CARD INFORMATION

Card Type: ○ MasterCard ○ VISA ○ Discover ○ AMEX ○ Other

Cardholder Name (as shown on card):

Card Number: **CVV**

Expiration Date (mm/yy):

Cardholder ZIP Code (from credit card billing address):

I, , authorize to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Date:

Signature of the Applicant

SUBMIT