748 W 2300 S #47
Hurricane, UT, 84737
435-635-2060

STUDENT PILOT APPLICATION

Applicant's Name: _____

Address: _____

_____

Phone Numbers: W: _____

C: _____

Email Address: _____

Date of Birth: _____ Occupation: _____

Driver's License No: _____ State: ____ Expiration Date: _____

Insurance: _____ Policy Number: _____

Acrisure Aerospace Starr Insurance

www.starrlink.com/public/sano?dib=1418&diu=20394&gb=https:%2F%2Fwww.acrisure.com

Desired CERTIFICATES and RATINGS

Student ☐ Instrument Rating ☐
Private ☐ Commercial ☐
Instructor ☐

Other (Specifiy): _____

Type Ratings: _____

FAA Flight Physical

Class: ___ Date: _____ Provider: _____

Local Aviation Medical Providers:	**Southwest Flight Medicine**	**Go Flight Med**
	www.swflightmed.com	www.goflgihtmedicine.com
	321 N. Mall Dr. Suite J201	736 S 900 E Suite 203 C-1
	St George, UT 84790	St George, UT 84790
	Dr. Karen Frieden	Dr. Chris Buck or Dr Rocky Jedick
	Ph: 435-986-9483	Ph: 435-244-0003
	Email: swflightmed@gmail.com	Email: infostgeorge@goflightmedicine.com

I am looking to receive my Certificates and Ratings in a:

- ☐ Relaxed Time Frame (Flying less than 2 times per week) *Not recommended
- ☐ Standard Time Frame (Flying 2 to 3 times per week)
- ☐ Accelerated Time Frame (Flying more than 3 times per week)

Appllicant's Signature: _____ **Date:** _____