Registration Form

Submit to: Coastal Pacific Aviation Ltd.	**Fees:**
Email: info@coastalpacific.com Telephone:604-855-1112 Fax: 604-855-1088 30575 Approach Drive Abbotsford, BC, Canada V2T 6H5	☐ Domestic Student: $1,300.00 CAD ☐ International Student: $1,250.00 CAD ❖ Please make payable to Coastal Pacific Aviation

PERSONAL INFORMATION

CPA STUDENT #

Name: (Family)	(First)	(Middle)
Preferred Name:	Gender: ☐ Male ☐ Female	
Address: (Street Address)	(City)	(Province)
Date of Birth: (yyyy/mm/dd)	(Country)	(Postal Code)
Phone Number:	SIN:	Email:

Citizenship:

☐ Canadian Citizen ☐ Permanent Resident ☐ International Student ☐ Work Permit ☐ Other:

VOLUNTARY DISCLOSURE

❖ **You may voluntarily provide the personal information listed below:**

Do you identify yourself as an Aboriginal person, that is, First Nations, Metis, or Inuit? ☐ **Yes** ☐ **No**

If you answered "Yes", please indicate if you are: ☐ **First Nations** ☐ **Metis** ☐ **Inuit**

Do you have a long-term physical or mental health condition that limits the kind of activity that you can perform on a daily basis? ☐ **Yes** ☐ **No**

PROGRAM SELECTION

Flight Training	**Availability**
☐ Private Pilot License ☐ Commercial Pilot License ☐ Multi-Engine Rating ☐ Instrument Rating ☐ Instructor Rating ☐ Accelerated Professional Pilot Program (full-time only) ☐ Other_____	☐ Full-Time (Ground School Mandatory) ☐ Part-Time with Ground School ☐ Part-Time with NO Ground School Preferred Start Date: _____ Availability :_____ ❖ Ground School is mandatory for International Students and Accelerated Students

FINANCING

☐ I have reviewed the costs associated with my program and have made a plan for financing.

AVIATION MEDICAL AND FLYING EXPERIENCE

Transport Canada Medical Certificate Number:	Medical Category:
Civil Aviation Medical Examiner Name:	
Type of License/Endorsements Held:	

Flying Experience	Total	Single-Engine	Multi-Engine	Night	Instrument	Sim
Dual Instruction						
Solo Pilot-in-Command						

Institution where training was completed:
Current Employer:

HOW DID YOU HEAR ABOUT US?

How did you find us?

☐ CPA Website ☐ Career Fair ☐ Friend ☐ Career Counselor ☐ Social Media ☐ Other: _____

EMERGENCY CONTACT

Name:	Relationship to you:
Phone:	Address:
Email:	

EDUCATIONAL BACKGROUND

	Name	Years Attended	Certificate/Diploma
High School			
Post-Secondary School			
Other			

SUBMISSION CHECKLIST

☐ Application Fees: ☐ Cheque ☐ Cash ☐ Credit Card ☐ Debit ☐ E Transfer ☐ Direct Deposit ☐ Wire Transfer

☐ Registration Form

☐ Copy of Valid Passport

☐ Resume

DECLARATION

To the best of my knowledge, all of the information listed about is correct. If I am admitted to Coastal Pacific Aviation, I agree to abide by its policies and regulations. I understand that the information provided to CPA will be used for the purpose of admissions, registration, research, and other purposes consistent with CPA Flight Training Program, the College and Institution Act and the Freedom of Information Act and Protection of Privacy Act. Documents may be released to partner institutions, partner companies, Transport Canada and other government authorities.

Applicant's Signature:_____	**Date:**_____