

**ORANGE COUNTY FLIGHT CENTER  
APPLICATION FOR ADMISSION TO FLIGHT TRAINING  
U.S. DOMESTIC STUDENT**

Date of Application: \_\_\_\_\_

This application for admission to Orange County Flight Center, Santa Ana

Campus, commencing on:        2022                        2023                        2024

- January        February        March        April  
    May                June                July                August  
    September        October        November        December

Full Time     Part time     Week-End.

- Program of Study:**  Airline Pilot Program     Airline Transport Pilot  
 Private Pilot Certificate     Instrument rating     Commercial rating  
 Multi-Engine-Private     Multi-Engine-Commercial  
 Certified Flight Instructor     Certified Flight Instructor-Instrument.

**Personal Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender:  Male     Female     Other.

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Resident Alien-US VISA holders Only:**

Passport Number: \_\_\_\_\_;    Date Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_;    County of issue: \_\_\_\_\_

U.S. Address (If any): \_\_\_\_\_

State: \_\_\_\_\_;    City: \_\_\_\_\_;    Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_;    Cell: \_\_\_\_\_

Permanent Resident/Visa Status: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Please attach copy of passport with visa endorsement and/or evidence of permanent residency.

**Emergency Contact Information:**

Last Name: \_\_\_\_\_;

First Name: \_\_\_\_\_

Contact Address: : \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_; Contact E-Mail: \_\_\_\_\_

**Are you certified as a Pilot:**  Yes  No. (If Yes, please complete the following:

<p><b>FAA Certificate:</b>  <input type="radio"/> Student <input type="radio"/> Private <input type="radio"/> Commercial  <input type="radio"/> ATP          License No: _____ Date of Issue: _____          Medical Class: _____ Date of issue: _____</p>	<p><b>Ratings:</b>  <input type="radio"/> Single Engine <input type="radio"/> Multi-Engine  <input type="radio"/> Rotercraft <input type="radio"/> Instrument  <input type="radio"/> CFI <input type="radio"/> CFII <input type="radio"/> MEI <input type="radio"/> Other</p>
--	---

**How did you hear about our school:**  OCFC student;  Newspaper  
 Radio;  TV;  Social Media;  Internet;  Family/Friend;  
 Magazine;  Website ;  Magazine;  Flight  USA Overseas Info Center;  
 Educational Fair/School visit;  Other (please specify) \_\_\_\_\_

I certify that I have carefully considered each question above and that my statements are true and complete to the best of my knowledge. By signing on this line, I understand and acknowledge that I must attend and complete the flight training program applied for before transferring.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please attach and submit the following fees/document along with this Domestic Student Admission Application form to commence training:

1. Student Pilot Certificate (if any);
2. Proof of Citizenship/Visa. We will need a passport or driver's license.
3. Student Acknowledgement and Aircraft rental agreement;
4. Proof of Renter's Insurance.
5. Credit Card Information on file as below.

Credit Card No:	Expiration date	CCV
Billing Address:		
Zip Code:		
<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX <input type="radio"/> DISCOVER		