Applicant Certificate and prior flight experience														
1/	Applicant Names													
- /	First Nar	ne:	Last Name:											
2/	0.11		C -	Pilot License/Certificate Held untry Category/Class Certificate Expiry date Last								DED		
	Auth F/	-	Cot	intry	Category/	Certificate		E	Expiry date		Li	ast BFR		
	EASA Other													
3/	00		Inst	rument & Instructor Ra			ating							
			Cou	intry	Expiry date			Last IPC Date						
Instrument (IR)														
Instructor (FI)		tor (FI)												
4/					Medical									
	Authority		Class		Country			Issue Date			Expiry Date			
	FAA													
	EA													
5/	Other English Prof			icioncy			ERTOL if applicable							
ارد					ency			FRTOL if applicable Flight Radiotelephony Operator's License					icense	
	ICAO English Langua Level On Cer			rtificate/ License ?			•	Cou		Expiry date				
				NO (provide certificate)			- Country				zapiny date			
6/ Experience - Flight Hours														
	Aircraft	Total	DUAL	FAA PIC	Solo	X-Cour	ntry	X-C PI	C N	ight	Night	solo	IR	
H260														
	R22													
R44									_					
Other R/W														
Total R/W Fixed Wing														
Total Hours														
7/								SA or	· FAA)					
- /				ASA - Country completed			Date Completed				Comments			
				, ,			·							
8/				Brie	f summary	of Flyin	ng Ca	reer						
9/			Requested Aircraft			Requested Training Date(s)								
Please make sure to join a color scan of all pages of your certificate/license/rating and medical including the last page of your logbook														
				For	USATS pers	sonnel (ONLY	1						
		ts received				•	(Name)							
	Training pl	an provide	d (date)			Ву (Nam	e)						
	Co	omments:												

INSTRUCTIONS FOR COMPLETING THE USATS MODULAR ASSESSMENT FORM

Most of the fillable items are self-explanatory. However, if in doubt, please find below some helpful hints. If you have any other questions or are unsure of what to enter, do not hesitate to contact us:

Inside the US: (321) 603-6366 / Outside: +1 800-686-4080 / Email: info@usatsolutions.com

1) APPLICANT NAMES

First name is equivalent to Given name – **Last name** is equivalent to Family name. There is no need to provide all your first names or middle names.

2) PILOT LICENSE/CERTIFICATE HELD

Category/Class:

- Rotorcraft/helicopter -> RW
- Airplane Single Engine Land / Sea-> SEL / SES
- Airplane Multi Engine Land / Sea-> MEL / MES

Certificate:

- Private -> PVT
- Commercial -> COM
- Airline Transport Pilot -> ATP

3) INSTRUMENT & INSTRUCTOR RATING

There is no expiry date required for an US Instrument rating

4) MEDICAL

Class should be either 1,2 or 3

5) ENGLISH PROFICIENCY

ICAO Level should be 4 to 6.

If your ICAO level is not listed on your pilot certificate/license, please provide a copy of your document showing proof of your ICAO assessment.

FRTOL if applicable

Is only applicable to some EASA countries when seeking a EASA license.

6) EXPERIENCE – FLIGHT HOURS

List all relevant hours as diligently as possible. These hours are our only source to identify the flight training you will require to meet the eligibility requirements to qualify for the FAA or EASA flight test.

7) THEORETICAL KNOWLEDGE EXAMS

FAA: If you have already successfully completed the FAA written test that applies to the certificate or rating you are seeking, please fill out the applicable information. Leave "country completed" blank.

EASA: If you have already successfully completed ALL the TK exams for the EASA license you are seeking, please indicate the National Authority and the date of the last exam.

8) BRIEF SUMMARY OF FLYING CAREER

This will give us an idea of your level and type of experience to produce a personalized training plan.

9) REQUESTED TRAINING TYPE/AIRCRAFT/DATES

Please provide what certificate or rating you are seeking, whether FAA or EASA, the aircraft you are requesting and 1 or more preferred date for the start of your training.