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## Flight School Profile

2101 Waukegan Road | Suite 101 | Bannockburn, Illinois 60015-1836 | 800.667.0201 | Fax: 847.267.1800 | flighttrainingfinancelc.com

Date \_\_\_\_\_

Full and complete flight school legal name (including LLC, Inc. where applicable) \_\_\_\_\_

Physical Address of Flight School \_\_\_\_\_

Mailing Address if Different from Physical \_\_\_\_\_

Phone Number at School \_\_\_\_\_ Fax Number at School \_\_\_\_\_

Website Address \_\_\_\_\_ Years in Business \_\_\_\_\_

Name(s) of Owner(s) \_\_\_\_\_

Type of Training Provided:  Fixed-Wing     Rotor/Helicopter

Name of Airport \_\_\_\_\_

Flight School Manager or Principal Financial Contact \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Person at school for Flight Training Finance Programs \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Aircraft at Flight School \_\_\_\_\_ Number of Employed Instructors \_\_\_\_\_ Number of Instructors Working as Independent Contractors \_\_\_\_\_

Can your school easily generate invoices immediately following each lesson; have the student sign the invoice, then fax the invoice to FTF?  Yes  No

**In the Last 12 Months:**

What percent of students took training for personal, recreational use? \_\_\_\_\_ %

What percent of students took training full time to pursue a career in aviation? \_\_\_\_\_ %

Number of individuals obtaining their Private Pilot Certificate: \_\_\_\_\_

Number of individuals obtaining their Instrument Rating: \_\_\_\_\_

Number of individuals obtaining their Commercial Rating: \_\_\_\_\_

**I certify that the information provided above is accurate and complete.**

Name of Authorized Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_