



LEADING EDGE INTERNATIONAL AVIATION ACADEMY, INC.

MAIN OFFICE, SAN FERNANDO CITY:
SAN FERNANDO AIRPORT, PORO POINT FREEPORT ZONE,
SAN FERNANDO CITY, LA UNION 2500 TEL: (072) 607-5868 CP: 0917-539-2578
EXTENSION OFFICE, TAGUIG CITY:
BGEN FELIX T. PESTANA (RET) BLDG., BLOCK 2 LOT 15,
DIEGO SILANG STREET, PHASE 1, AFPOVAI, WESTERN BICUTAN, TAGUIG CITY 1630
TEL: (02) 403-3593 CP: 0917-539-2577 mail@leadingedge.com.ph

REGISTRATION FORM

PERSONAL INFORMATION

Name: _____
(Surname) (Given Name) (Middle Name) (Nickname)

Pilot Course: _____ Starting Date: _____

Permanent Address: _____
(House number) (Street)

(City) (Country) (Postal Code)

Telephone: _____ Mobile Phone: _____

Date of Birth: _____ Place of Birth: _____
(MM/DD/YY)

Philippine Address: _____
(House number) (Street)

(City) (Country) (Postal Code)

Nationality: _____ Religion: _____

Passport Number: _____ Place of Issue: _____

Date Issued: _____ Expiry Date: _____

Primary E-mail Address: _____

Civil Status: _____ Age: _____

If married, name of spouse: _____
(Surname) (Given Name) (Middle Name)

Height: _____ Weight: _____ Color of Eyes: _____

Color of Hair: _____ Complexion: _____ Built: _____

Other Distinguishing Features: _____

Parents: Father's Name: _____

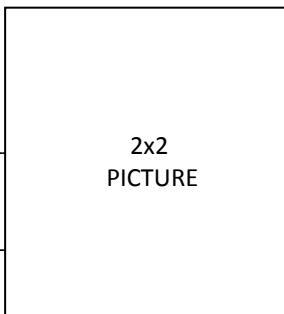
Mother's Name: _____

Address: _____

Person to be contacted in case of emergency _____

Address: _____

Telephone: _____ Mobile Phone: _____





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EDUCATIONAL BACKGROUND

School / Address	Year	Course Finished
Elementary: _____	_____	_____
High School: _____	_____	_____
College: _____	_____	_____

FLIGHT EXPERIENCE

Do you hold a pilot's License/s? YES _____ NO _____

NAME OF FLYING SCHOOL	ADDRESS	COURSE FINISHED	YEAR
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL FLYING TIME: _____ **hours**

License: _____

PEL Number: _____ Issued by: _____

Aircraft Rating: _____

Latest Airman Medical Certificate: Class: _____ Issued by: _____

Date Issued: _____ Date Expired: _____

EMPLOYMENT

Are you currently employed? YES _____ NO _____ If yes, please complete below:

Employer's Name: _____

Employer's Address: _____

Employer's Contact No.: _____ Job Title: _____

Supervisor: _____ Date of Employment: _____

I hereby certify to the correctness of the foregoing facts:

(Applicant's Signature)

How did you hear about us?

- ___ Internet (Website)
- ___ Friends/ Family _____
- ___ School
- ___ Posters/Brochures/flyers
- ___ Others