TRAINING APPLICATION FORM

FAKULTET PROMETNIH ZNANOSTI
HRVATSKO ZRAKOPLOVNO NASTAVNO SREDIŠTE

Application Date: _____

GENERAL INFORMATION

JMBAG (FPZ Student)		**Personal Identification Number (OIB)**	
Name and Surname		**Parent's Name**	
Date and Place of Birth		**Qualifications**	
Address		**E-mail**	
City/Town and ZIP Code		**Phone Number**	
Street and Street Number		**Mobile Phone Number**	

PERSON TO INFORM IN CASE OF NEED AND/OR EMERGENCY

Name and Surname			
Address		**Phone Number**	

PILOT LICENSE (IF ANY)		MEDICAL CERTIFICATE	
Type of License		**Date of Issue**	
License Number		**Category**	
License Validation Period		**Expiration Date**	

FLIGHT HOURS FROM PILOT'S LOGBOOK ON APPLICATION DATE (IF ANY)

	DAY	NIGHT	IFR	TOTAL
DUAL				
PIC				
TOTAL				

PURPOSE OF THE APPLICATION

- ☐ Integrated ATP(A) Training Course
- ☐ MCC(A) Modular Training Course
- ☐ FI(A) Training Course
- ☐ FI(A)/IRI(A) Refresher Seminar
- ☐ SEP(A) Refresher Training Course
- ☐ Night Rating Training Course
- ☐ PPL(A) Training Course
- ☐ LAPL(A) Training Course
- ☐ MEP(A) Class Rating Training Course
- ☐ MEP(A) Refresher Class Rating Training Course
- ☐ Other:_____

- ☐ IR/SE(A) Training Course
- ☐ IR/ME(A) Training Course
- ☐ EIR(A) Training Course
- ☐ CB/IR(A) Training Course
- ☐ IR(A) Refresher Training Course

FAKULTET PROMETNIH ZNANOSTI
HRVATSKO ZRAKOPLOVNO NASTAVNO SREDIŠTE

APPENDICES TO THE APPLICATION	☐ Copy of Medical Certificate
	☐ Copy of Pilot License (if any)
	☐ Copy of Identification Card
	☐ Confirmation of knowledge of Mathematics, Physics and English Language

I WANT TO CONDUCT AND OBTAIN FLIGHT TRAINING AT THE FACULTY OF TRANSPORT AND TRAFFIC SCIENCES - CROATIAN AVIATION TRAINING CENTRE (FPZ-HZNS), FOR THE REASONS OF MY OWN DESIRE AND ON MY OWN RESPONSIBILITY.

_____

(student/ candidate signature)

- -

COMPLYING WITH MINIMUM REQUIREMENTS FOR THE BEGINNING OF THE TRAINING (*filled by HT*)

MINIMUM REQUIREMENTS FOR THE BEGINNING OF THE TRAINING

Training Course	Math	Physics	English Language	Valid License	Medical Category	Flight Hours			
						PIC	NIGHT	IFR	TOTAL
Integrated ATP(A)									
MCC(A) Modular									
FI(A) Training									
FI(A)/IRI(A) Refresher									
SEP(A) Refresher									
Night Rating (NR) Course									
PPL(A) Training									
LAPL(A) Training									
MEP(A) Class Rating									
MEP(A) Refresher									
IR/SE(A) Training									
IR/ME(A) Training									
EIR(A) Training									
CB/IR(A) Training									
IR(A) Refresher									
Other:									

TRAINING APPLICATION FORM

FAKULTET PROMETNIH ZNANOSTI
HRVATSKO ZRAKOPLOVNO NASTAVNO SREDIŠTE

CANDIDATE COMPLIES - DOES NOT COMPLY WITH MINIMUM REQUIREMENTS FOR THE BEGINNING OF THE TRAINING:
- _____
- _____
- _____
- _____
- _____
- _____
- _____

FOR APPLIED TRAINING, STUDENT/CANDIDATE MUST OBTAIN FLIGHT HOURS - ATTEND THEORY:
- _____
- _____
- _____
- _____
- _____
- _____
- _____

CONCLUSIONS:	

Approved by HT:

_____
(signature)