

West Bend Air, Inc.
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Fond du Lac, WI 54937

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WEST BEND AIR STUDENT INFORMATION FORM

Course: _____ Start Date: _____

Name: _____

Permanent Address: _____

City, State, Zip: _____

Current Address (if different): _____

City, State, Zip: _____

Home Phone: _____ Cell / Pager: _____

Work Phone: _____ Email Address: _____

Date of Birth: _____ Soc Sec. #: _____

Do you currently hold an FAA Medical Certificate? _____ Class: _____ Exp: _____

Do you currently hold any FAA Airmen Certificates? _____ Cert #: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Are you a U.S. Citizen? _____

(WBA Personnel: Please attach copy of Driver's License to this form)

If No - Visa Status (I.e. M-1) _____ Visa Exp Date _____

WBA Personnel: Please attach copy of Visa to this form)

WARNING:

INS has issued a new ruling prohibiting persons holding Visas other than M-1 or F-1 from beginning any training until such person has applied for and received a change in immigration status to M-1 or F-1. INS advises any request for change in status will be denied if student begins any training prior to receiving the required status change.

