## THE HONOURABLE COMPANY OF AIR PILOTS

incorporating Air Navigators

Tel: +44 (0) 20 7404 4032 office@airpilots.org www.airpilots.org

AIR PILOTS

## REGISTRATION FOR PILOT APTITUDE ASSESSMENT THURSDAY 30th MAY 2024

\*\*Please note due to high demand applicants will be selected on a first come, served basis\*\*

| Date of Birth: Day Month                 | Year Age on Assessment Date:<br>n the assessment date)   |
|--|--|
|  | Forenames:   |
| Nationality                              |  |
| Address:                                 |  |
|  | Post Code  |
| Email:                                   |  |
|  | Mobile:  |
|  |  |
|  |  |
| DEGREE/FURTHER EDUCATION:                |  |
| Licence/Ratings Held:                    |  |
| No. Flying Hours (including Aircraft T   | ype):  |
| Current Employment:                      |  |
| Details of any previous Pilot Aptitude   | e Testing:   |
| I heard about Pilot Aptitude Testing th  | rough:   |
| High Street, London on Thursd            | ude Testing Session at Air Pilots House, 52a Borough<br>a y 30th M a y 2024. Please tick which session you have<br>ote although we will try and accommodate your preference, we wil<br>n that's available. |
| AM PM No Preference                      |  |
| I am aware that when I take part in this | s session, I will be unable to re-take this specific test for 6 months.  |
| I will make payment of £75 when the I    | pooking is confirmed.  |
| Signed                                   | Dated  |