

# APPLICATION FOR JTP COURSE ATTENDANCE

PLEASE PRINT IN CAPITALS

COURSE REQUESTED \_\_\_\_\_

START DATE \_\_\_\_\_ JTP COURSE NO (see AAC 9-5) \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONES \_\_\_\_\_

FAX \_\_\_\_\_ email \_\_\_\_\_

EMPLOYER \_\_\_\_\_

LICENSE NO \_\_\_\_\_ or ARN \_\_\_\_\_

LICENSES HELD \_\_\_\_\_

OR

BASICS HELD \_\_\_\_\_

NOTE: YOU MUST HOLD ALL BASICS FOR THE CATEGORY OF COURSE REQUESTED WITH THE EXCEPTION OF "AA".

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RETURN TO

JTP AIRCRAFT TRAINING SERVICES P/L  
PO BOX 1043  
SUTHERLAND NSW 1499  
AUSTRALIA  
<winword/admin/student/forms/apply.doc>

Phone 61-2-9545-0348  
Fax 61-2-9545-0349  
e-mail [jtpair@msn.com.au](mailto:jtpair@msn.com.au)