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**enterair**

Dear Pilot, please fill in the questionnaire

|  |  |
| --- | --- |
| Name and Surname |  |
| Nationality |  |
| Country issuing the passport |  |
| Country of residence |  |
| License number |  |
| Total flight time |  |
| Medical certificate validity date (dd/mm/yyyy) |  |
| ICAO English level |  |
| Do you hold B737 Type Rating? (Yes/No) |  |
| Total flight time on B737 (if applicable) |  |
| If you hold B737 Type Rating, please specify the type(s) (CL, NG, both) |  |
| Are you interested in doing Type Rating + Line Training 500 BH (Yes/No) |  |
| **OR** |  |
| Are you interested in doing Line Training (500 BH)? (Yes/No) |  |