

## Application for Glider Pilot Instructor Course

1.	Service Number:	Rank:	Last Name:		First Name:	
	Street Address:			City/Town:	Province:	Postal Code:
	Phone (Home): (   ) -	Phone (Work): (   ) -	E-mail Address:		Date of Birth:	Age (min 18):
2.	Pilot Licence Number (Glider):		Medical Category:		Expiry Date:	
	Number of Glider Trips (min 125):	Date of last glider flight:	Total Glider Hours (min 20 hrs PIC):	Total Hours Powered Aircraft (if any):		
3.	Are you available for employment at RGS (Pac) this summer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Dates that you are available:	
4.	Method of Travel: <i>(indicate which you request)</i>	PMC Licence #:	Bus: <input type="checkbox"/>	Commercial Air: <input type="checkbox"/>	Passenger: <input type="checkbox"/>	Time you can depart home:
5.	Applicant Signature:					Date:
6.	Squadron Commanding Officer Comments: (if applicable) <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended					
	Squadron Commanding Officer Signature:					Date:
7.	Wing Gliding Operations Officer Comments: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended					
	Wing Gliding Operations Officer Signature:					Date:
8.	Staff Officer 2 Air Comments: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended					
	Staff Officer 2 Air Signature:					Date:
9.	Regional Cadet Air Operations Officer Comments: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved					
	Regional Cadet Air Operations Officer Signature:					Date: