

## Application for Tow Pilot Conversion 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:	Medical Category:	Expiry Date:	Total Hours PIC:		Grand Total Hours Power Aircraft:	
	Total number of hours conventional landing gear:	Type:			Hours:		
		Type:			Hours:		
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:	