



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)	