## THE HONOURABLE COMPANY OF AIR PILOTS

incorporating Air Navigators

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AIR PILOTS

## REGISTRATION FOR PILOT APTITUDE ASSESSMENT THURSDAY 28th NOVEMBER 2024

**Please no	ote due to high demand a	plicants will be selected on a first come, served basis**
Date of Birth: Da	ay Month	Year Age on Assessment Date:
(Please note mu	st be 18 or over on the as	sessment date)
Title:	Surname:	Forenames:
Nationality		
Address:		
		Post Code
Telephone: Landline:		Mobile:
DEGREE/FURTH	HER EDUCATION:	
Licences/Ratings	Held:	
No. Flying Hours	(including Aircraft Type):	
Current Employm	nent:	
Details of any pre	evious Pilot Aptitude Testing	
I heard about Pilo	t Aptitude Testing through:	
I wish to attend Thursday 28 <sup>h</sup> N	the Aptitude Testing Sess lovember 2024. Please	on at Air Pilots House, 52a Borough High Street, London on ick which session you have preference in attending. Please your preference, we will only be able to offer you the session
AM PM	No Preference	DIRECT ENTRY PILOT (tick the box if you are employed as a pilot)
I am aware that w	hen I take part in this sessio	n, I will be unable to re-take this specific test for 6 months.
I will make payme	ent of <b>£105</b> when the place is	confirmed.
Signed		Dated