BIG BEND COMMUNITY COLLEGE (BBCC)
COMMERCIAL PILOT PROGRAM
APPLICATION AND QUESTIONNAIRE

Today’s Date _________________________
Name _________________________________ Age _____Sex _____ Date of Birth __________
Home Address ___________________________________________________________________________
City____________________________________ State ____________ Postal Code/Zip Code __________
Telephone # ________________________ Email Address ________________________________
High School Attended/Where _______________________________ Major ________________ Credits __________

Beginning Date Fall of 20____

How many hours of flying other than passenger time do you have?
Dual Instruction Time ______________ Solo Time ____________________________

FAA Certificates/Ratings Held ____________________________________________
List all aviation training you have had
________________________________________________________

Are you a veteran or reservist? _______ If so when and how long did you serve?____________________

(Questions pertaining to prior flight time or active duty are for Aviation Department planning and information and in no way affect or influence acceptance into the program.)

How did you learn about Big Bend Community College Aviation Program?
________________________________________________________

________________________________________________________

________________________________________________________

Student Signature* ___________________________ Print Student Name __________________ Date __________

*If the student is under 21 years of age at the time of application or enrollment, a parent’s signature is also required, in accordance with the provisions of the Aviation and Transportation Security Act.

Parent Signature ___________________________ Print Parent Signature __________________ Date __________