



**ACE PILOT TRAINING, INC.**

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**QUESTIONNAIRE FOR M-1 Vocational Student**

The purpose of this questionnaire is to obtain necessary information needed to receive an M-1 Visa through Student and Exchange Visitor Information System. Please complete the Questionnaire carefully and answer ALL applicable questions.

**PERSONAL DATA**

1. First Name \_\_\_\_\_
2. Middle Name \_\_\_\_\_
3. Last name (family name) \_\_\_\_\_
4. Maiden name if applicable \_\_\_\_\_
5. Date of Birth: Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_
6. Gender \_\_\_\_\_
7. City and country of Birth: \_\_\_\_\_
8. Present country of nationality/citizenship: \_\_\_\_\_
9. Permanent Address outside United States:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Address in United States if not housing through Ace Pilot Training:

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11. Your anticipated arrival date to the US:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

12. Your requested class start date for the I20 form that I will be sending you:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

You will be allowed to arrive up to 30 days prior to this date but you may not arrive after this date.

As another example, if you put April 1<sup>st</sup> for your class start date, you can arrive anytime between March 2<sup>nd</sup> and April 1<sup>st</sup> but not after April 1<sup>st</sup>. You need to think about what would work best for you and specify your class start date accordingly.

13. Please check certificates and ratings you anticipate obtaining through Ace Pilot:

- \_\_\_\_\_ Private Pilot Airplane
- \_\_\_\_\_ Instrument Rating Airplane
- \_\_\_\_\_ Commercial Single Engine Airplane
- \_\_\_\_\_ Commercial Multi Engine Airplane
- \_\_\_\_\_ Certified Flight Instructor Airplane
- \_\_\_\_\_ Certified Flight Instructor Instrument Airplane
- \_\_\_\_\_ Multi Engine Instructor Airplane
- \_\_\_\_\_ Private Pilot Helicopter
- \_\_\_\_\_ Instrument Rating Helicopter
- \_\_\_\_\_ Commercial Helicopter
- \_\_\_\_\_ Certified Flight Instructor Helicopter
- \_\_\_\_\_ Certified Flight Instructor Instrument Helicopter

14. Please indicate current certificates and ratings presently held, and in which country:

- \_\_\_\_\_ Private Pilot Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Instrument Rating Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Commercial Single Engine Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Commercial Multi Engine Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Certified Flight Instructor Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Certified Flight Instructor Instrument Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Multi Engine Instructor Airplane (Country \_\_\_\_\_)
- \_\_\_\_\_ Private Pilot Helicopter (Country \_\_\_\_\_)
- \_\_\_\_\_ Instrument Rating Helicopter (Country \_\_\_\_\_)
- \_\_\_\_\_ Commercial Helicopter (Country \_\_\_\_\_)
- \_\_\_\_\_ Certified Flight Instructor Helicopter (Country \_\_\_\_\_)
- \_\_\_\_\_ Certified Flight Instructor Instrument Helicopter (Country \_\_\_\_\_)

15. Please indicate current number of flight hours, if any:

Helicopter \_\_\_\_\_ Single Engine Airplane \_\_\_\_\_ Multi Engine Airplane \_\_\_\_\_

16. Please indicate whether or not housing is required (**“YES” or “NO”**): \_\_\_\_\_

17. Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

18. Individual Tax ID Number/Social Security Number if applicable \_\_\_\_\_

19. Marital Status: \_\_\_\_\_

20. Do you have any dependents (spouse/children)? \_\_\_\_\_ If YES, will they be accompanying you to the United States?

Information about spouse/children (if applicable):

1) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

2) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

3) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

4) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

5) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

6) Name - \_\_\_\_\_

Gender- \_\_\_\_\_

Relationship - \_\_\_\_\_

Date of Birth:

Month \_\_\_\_\_, Day of month \_\_\_\_\_, Year \_\_\_\_\_

Country of Birth - \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

**IMPORTANT:** A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you? (*Please answer “YES” or “NO.”*)

1. Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? \_\_\_\_\_
2. Have you ever been refused admission to the U.S., or been the subject of a deportation hearing or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? \_\_\_\_\_
3. Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? \_\_\_\_\_
4. Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? \_\_\_\_\_
5. Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? \_\_\_\_\_
6. Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? \_\_\_\_\_
7. Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? \_\_\_\_\_
8. Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? \_\_\_\_\_
9. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience? If YES, please explain. \_\_\_\_\_
10. Have you ever performed military service? If YES, give name of country, branch of service, rank/position, military specialty, and dates of service. \_\_\_\_\_
11. Have you ever been in an armed conflict, either as a participant or victim? If YES, please explain. \_\_\_\_\_

## Enrollment Fee Form

Credit Card Type (Ex. Visa, MasterCard, Discover, American Express)

\_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Pin \_\_\_\_\_

Cardholder's Name as it appears on the card

\_\_\_\_\_

Amount: \$350

I hereby authorize Ace Pilot Training to charge my account a \$350 non-refundable enrollment fee.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date