



ACE PILOT TRAINING, INC.

600 Hayden Circle
Allentown, PA 18109
(610) 264-1105 acepilot025@gmail.com

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:

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 1st for your class start date, you can arrive anytime between March 2nd and April 1st but not after April 1st. 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: \$650

I hereby authorize Ace Pilot Training to charge my account a \$650

Print Name

Signature

_____ Date