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APP Reviewed by \_\_\_\_\_

FORM 3020 - FLIGHT SCHOOL INSTRUCTOR RECORD OF QUALIFICATIONS

No Fee

(Lines will expand as needed)

NAME OF INSTRUCTOR		DATE EMPLOYED	
NAME OF SCHOOL			
ADDRESS (LOCATION)			
CITY		STATE	ZIP

**ATTACH A COPY OF THE INSTRUCTOR'S CURRENT FAA LICENSE.**

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate.

Printed Name of Official		Title	
Signature of Official (Sign in Blue Ink)		Date	