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## VISA Application Form

This form lists the required information by the Immigration Authorities to issue your I-20.  
Please write legible and in English. Translate as follows: ä = ae, ü = ue, ö = oe.

### Personal Information

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Date of Birth (mm/dd/yy): \_\_\_\_\_  
Gender  Female  Male  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_

### Contact Information for Home Country

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Province or Territory: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country of Residence: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Contact Information for U.S. Address (if known)

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Province or Territory: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country of Residence: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Program Information

Intended Program Start Date (mm/dd/yy): \_\_\_\_\_  
Intended Program Complete Date (mm/dd/yy): \_\_\_\_\_  
Will you require a Visa for any dependents? YES  NO   
English Proficient?  YES  NO

### Desired Training

Private  Instrument  Commercial  Conversion  Multi Add On

### I-20 Shipping Address

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Province or Territory: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_