

**LASERGRADE/FAA REGISTRATION FORM
SITE CODE : FR 003 – FlightSafety Paris**

Company	
FIRST NAME	
MIDDLE NAME	
LAST NAME	
DAYTIME TEL NUMBER	
STREET	
CITY	
STATE	
ZIP CODE	

TEST NAME (INCLUDE 3LETTER CODE)	TEST DATE	TEST TIME

CITIZENSHIP		BIRTHDATE	MONTH / DAY / YEAR / /
IS IT A RETEST ?		DATE OF LAST TEST	
US SOCIAL SECURITY NUMBER			

IN ORDER TO CONFIRM YOUR RESERVATION, PLEASE SEND US BACK THE FOLLOWING DOCUMENTS 1 WEEK BEFORE THE TEST:

- **REGISTRATION FORM DULY FILLED OUT**
- **1 COPY OF YOUR PASSPORT**
- **1 COPY OF YOUR GOVERNMENTAL ID CARD OR DRIVING LICENCE**
- **1 COPY OF ANOTHER GOVERNMENTAL DOCUMENT BEARING YOUR CURRENT ADDRESS (IF IT IS NOT MENTIONED ON YOUR PASSPORT, ID CARD OR DRIVING LICENCE).**
- **1 COPY OF YOUR AUTHORIZATION (IF APPLICABLE).**

PLEASE BRING ALL THE ORIGINAL DOCUMENTS WITH YOU ON THE DAY OF THE TEST OTHERWISE YOU WILL NOT BE ALLOWED TO TAKE THE TEST.

FAX NUMBER : 01.49.92.18.92