



**Franchise – Initial Request**

FRANCHISE / PRIVATE LABEL PROGRAM

Business Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Location of desired School: \_\_\_\_\_ City \_\_\_\_\_ State/Country: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_ Skype ID: \_\_\_\_\_

Which Sky Aviation Academy program are you interested in:

ICAO English Level 2 to 6 Programs: \_\_\_\_\_ Passenger Agent: \_\_\_\_\_ Other: \_\_\_\_\_

How do you want to pursue the franchise?

As a Sky Aviation Franchise: \_\_\_\_\_ or As a Private Label: \_\_\_\_\_ OR \_\_\_\_\_

Do you have a classroom that can hold 10 students currently? \_\_\_\_\_

Are you currently in the Aviation industry? \_\_\_\_\_

When do you want to start this business OR add the Aviation English courses to your current business?

\_\_\_\_\_

Are you affiliated with any aviation school currently? If so, please provide name: \_\_\_\_\_

How many other schools are in a 25 miles radius of your current or desired facility? \_\_\_\_\_

Are you located at an airport? If so, which airport? \_\_\_\_\_

Signature & Date: By my signature below, I certify that the statements I have made are true to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant's Name / Signature / Date

**(SEND COMPLETED FORM TO INFO@FAAENGLISH.COM)**