

AMT School Registration Form

Welcome to AMT School! Please fill out this form and return the form to our registrar registrar@amtschool.com. Once returned, your course materials will be emailed to you.

Check off all of the applicable areas.

1. Name: _____
2. E-mail: _____
3. Telephone Number: _____
4. Start date of the one week course: _____
5. Which areas are you training in, please check the areas:
_____ General _____ Airframe _____ Powerplant
6. Have you taken your FAA written exams?
_____ Yes _____ No
7. Do you have your permission to test from the FAA:
_____ Yes _____ No
8. If no, do you need AMT School to make an appointment for you at the FAA office to obtain your permission to test?
_____ Yes _____ No
9. Will you require an FAA Oral & Practical Exam appointment with one of our FAA examiner at the completion of the course?
_____ Yes _____ No
10. If yes, please review the school policy form and pay the Oral and Practical Exam scheduling fee to reserve your Oral and Practical Exam date
<https://amtmiami.com/ap-oral-practical-exam>
11. If yes, in a separate email please email the registrar registrar@amtschool.com the following documents **ASAP**:
 - a. FAA Form 8610-2 / Complete only the front of the form:
[Form FAA 8610-2 - Airman Certificate and/or Rating Application – Mechanic and Parachute Rigger](#)
 - b. Experience Documents: Examples are Experience letters, Logbooks, OJTs etc.
 - c. Training Documents: Examples are certificates, licenses, diplomas etc.