

<b>First name:</b>	<b>Nationality:</b>
<b>Family name:</b>	<b>Date of birth:</b>
<b>Licence type:</b> ATPL <input type="checkbox"/> PPL <input type="checkbox"/> ATC <input type="checkbox"/> CPL <input type="checkbox"/>	<b>Postal address:</b> Road/No: Town/Postcode: Country:
<b>Licence number:</b>	<b>Email:</b>
<b>Company/Authority:</b>	<b>Telephone:</b>

<b>How did you learn about Anglo-Continental?</b>	<b>Have you taken the TEAP before?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, when?</b>
<b>Which version of the TEAP do you want to take:</b> ATPL <input type="checkbox"/> Helicopter <input type="checkbox"/> PPL <input type="checkbox"/> ATC <input type="checkbox"/>	<b>What date would you like to take the test? Please give two dates and times:</b> _____ at _____ OR _____ at _____

Before taking the test, please visit our website, read the information about the format of the TEAP and listen to the test samples: <http://www.anglo-continental.com/en/uk/courses/Aviation/aviation-test.htm>

If you have any questions, please contact the TEAP Administrator at [aviation@anglo-continental.com](mailto:aviation@anglo-continental.com)

### CANDIDATE'S DECLARATION

I hereby certify that all the information and documentation relating to my identity that I am providing Anglo-Continental is true and accurate.

I understand and accept that my test paper, visual and audio recordings are the sole property of Anglo-Continental.

Name: ..... Date .....

#### FOR OFFICE USE ONLY

Test fee	
Passport	
Photo (on day of test)	
Licence (if applicable)	

