



FAA Testing Reigstration Form

\$165.00 Test Fee / \$150.00 for Drone Only

(All information must match photo ID exactly)

Last Name: _____

Suffix (JR, SR....): _____

Middle Name: _____

First Name: _____

Date of Birth: _____

Birth City: _____

Birth Country: _____

Address: _____

(Address Must Match Photo ID or Must Provide Approved Verification)

City: _____

State: _____

Zip Code: _____

Telephone: _____

Email: _____

Citizenship: _____

Is This A Retest?: _____
(If retest you must have your original failed test report)

Test Attempt Number: _____

Date Of Last Test Attempt: _____

FAA Approved 141 Course?: _____

Course Completion Date?: _____

School Information: _____

Verification Information: _____
(You must have verification needed for your test)

Testing Fee: _____

Testing Fee Paid To IHCC Or PSI?: _____

Test Taking: _____

Three Letter Test Code: _____