

APPLICATION FOR FLIGHT SCHOOL LICENSE

Information required by Act 327, P.A. of 1945 to apply for license.

RETURN TO: Michigan Department of Transportation
Finance Cashier
P. O. Box 30648
Lansing, MI 48909
(517) 242-7771 or (517) 335-9283

AERONAUTICS USE ONLY	
DATE	
AMOUNT	
LIC. NO.	
EXP. DATE	

FEES: Initial - \$25.00, Annual Renewal - \$10.00, Late Renewal - \$25.00.

SCHOOL NAME Huron Aviation Services		PHONE NO. (989) 340-0829	DATE 10/31/22
OWNER(S) Robert Currier		SCHOOL MANAGER Jonathan Stutelberg	
MAILING ADDRESS 127 Park Place		CITY Alpena	ZIP CODE 49707
NAME OF THE AIRPORT WHERE FLIGHT SCHOOL WILL BE BASED Alpena County Regional Airport			
FAX		E-MAIL accounting@greatlakesair.net	

Courses Offered:

- | | | | | |
|--|--|--|---|--|
| <input checked="" type="checkbox"/> Private | <input type="checkbox"/> Part 141 School | <input type="checkbox"/> Type Ratings | <input checked="" type="checkbox"/> Flight Instructor | <input type="checkbox"/> Ground School |
| <input checked="" type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Sea Plane | <input checked="" type="checkbox"/> Instrument | <input type="checkbox"/> Glider |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Multi Engine | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Helicopter | |

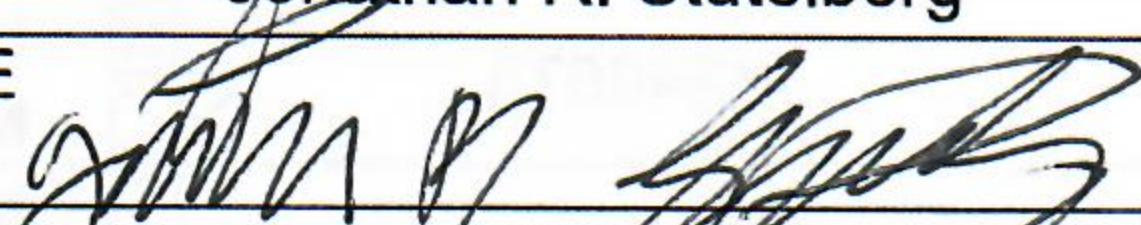
MAINTENANCE PERSONNEL					
Name		Address		FAA Certificate Number	
Chief Mechanic Randy Patterson		1593 Airport Road		2835084 AP/IA	
FLIGHT INSTRUCTOR					
Name		Address		FAA Certificate Number	
Chief Flight Instructor Jonathan R. Stutelberg		1593 Airport Road		3849678	
				<input checked="" type="checkbox"/> Instrument <input type="checkbox"/> Multi Engine	
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Flight School Aircraft			Michigan Aircraft Registration	To be completed by State Registrar AERO USE ONLY	
Make	Model	N Number			
1.	Cessna	172M	13079	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Flight School Manager Compliance Checklist and Certification

Please answer the questions below. Refer to the enclosed Michigan Aeronautics Code, section 259.85 (Flight Schools) requirements.

- | Yes | No | Do You: |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Operate from an airport licensed by the State of Michigan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have a written commercial operating agreement with the airport at which the school is based?
(Submit a copy with this application or submit airport manager signature). |
| <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center; width: 45%;"> <hr style="border: 0.5px solid black;"/> Signature </div> <div style="text-align: center; width: 45%;"> <hr style="border: 0.5px solid black;"/> Date </div> </div> | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Accept prepayment from students in the amount of \$1,000.00 or more?
(If so, a corporate surety bond is required. Submit a copy with this application) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Operate from facilities which are: permanent in nature, heated, and have adequate lighting and ventilation? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have a flight instructor available to dispatch and supervise each student pilot solo flight? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have a designated practice area? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Use a written curriculum for each certificate or rating course taught? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Maintain training records which show each student's progress? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Advise each student in writing, at the time of enrollment, the extent to which the school's insurance will cover operation of the aircraft by the student? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has a security program been approved by the Michigan Aeronautics Commission? |

I certify that the above information is true. I certify that all flight school operations are conducted in accordance with Section 259.85, Act 327 of the code of the State of Michigan.

NAME <p style="text-align: center;">Jonathan R. Stutelberg</p>	TITLE <p style="text-align: center;">Chief Flight Instructor</p>
SIGNATURE 	DATE <p style="text-align: center;">1 NOV 2022</p>