SAFETY COURSE APPLICATION

Please complete the following information and return this form with copies of your Helicopter Pilot's License, current Medical Certificate (see note below if helicopter rating is pending), and payment information. RHC will accept a U.S. check or money order for the appropriate amount made payable to Robinson Helicopter Company, or Visa, MasterCard or American Express cards. ***Applications will <u>not</u> be processed unless accompanied by the enrollment fee.*** Confirmation packages will be sent within 2 weeks of receiving application.

NAME: _____
(Print clearly) **First** **Middle** **Last**

ADDRESS: _____

_____

PHONE NUMBER: **Days**: _____ **Evenings**: _____

FAX NUMBER: _____ **E-MAIL ADDRESS**: _____

HELICOPTER RATING: **Private, Commercial, CFI, ATP** **(Circle One)** **Certificate #:** _____
(**Note:** If presently working towards your Helicopter Rating, you may sign up for the course now, but are required to obtain your rating, prior to your scheduled course date.) **Helicopter Rating is pending** _____
Initial

Are you working toward your CFI certificate? Yes_____ **No** _____

Total Heli Hours Logged: _____ **R22 Hours Logged:** _____ **R44 Hours Logged:** _____
(Must have at least 3 hours in a Robinson helicopter to attend RHC Pilot Safety Course.)

If you are a CFI, which helicopter do you instruct in? R22 _____ **R44** _____

Which model would you prefer to fly during the course? R22 ($400) _____ **R44 ($500)** _____
(Please note: Each pilot will only be permitted to fly once during the safety course, and in one model.)

Name of Robinson Dealership or Flight School: _____

Preferred Safety Course Date: _____
(Add a note if you wish to be added to the waiting list for possible earlier class openings.)

If the regular flight schedule for your preferred course date is full, are you able to do the flight portion on <u>Friday, one day following the class</u>?** _____ (Yes or No)
(**These courses are typically booked <u>6 months</u> in advance. If you are not able to fly the following Friday, and the preferred course date is full, you will be scheduled on an alternate date. If no alternate date is selected, you will be scheduled on the next available course.)

Alternate Date Choice: _____

Notes: _____

PAYMENT: (must be sent with application)
Please charge my **Visa, MasterCard or American Express** _____ Check or money order enclosed _____

Card Number: _____-_____-_____-_____ **Expiration**: _____

Signature for credit card authorization: _____
(PLEASE NOTE: Course reservations are only valid for the pilot listed on the confirmation letter and are not transferable. Requests for rescheduling or cancellation are non-refundable if received less than 2 weeks prior to the course date. No-shows forfeit their registration fee. All other cancellations will be charged a 10% processing fee.)

RETURN TO: Fax 310-539-7594, or Email <u>safetycourse@robinsonheli.com</u>
Safety Course Administrator, Robinson Helicopter Company
2901 Airport Drive, Torrance, CA, 90505, USA

<u>Please include a "legible" copy of your Helicopter Pilot License (front & back) and current Medical Certificate.</u>

For RHC use only
Invoice #: _____ Rescheduled Date: _____ Lic & Med Rcvd: _____

Rev: 13 Jun 06