



# PILOT SAFETY COURSE APPLICATION

Please complete and **SEND WITH LEGIBLE COPIES OF YOUR HELICOPTER PILOT CERTIFICATE (BOTH SIDES), PAYMENT AND PHOTO ID.** Applications will not be processed without tuition. Confirmations are sent by email. Please print neatly.

## CONTACT INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
FIRST MIDDLE LAST

COMPLETE ADDRESS \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/COUNTRY

PHONE: CELL \_\_\_\_\_ DAY \_\_\_\_\_ EVENING \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*(Required for Confirmation)*

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## PILOT EXPERIENCE

CHECK ONE: PRIVATE  COMMERCIAL  CFI  ATP  HELICOPTER RATING PENDING  *(Must be rated prior to attending)*

PILOT CERTIFICATE # \_\_\_\_\_ ROBINSON DEALER OR FLIGHT SCHOOL AFFILIATION: \_\_\_\_\_

TOTAL HELI. HRS. LOGGED \_\_\_\_\_ R22 HRS. \_\_\_\_\_ R44 HRS. \_\_\_\_\_ R66 HRS. \_\_\_\_\_  
*(Minimum of 3 hours logged is required in model selected)*

TOTAL TURBINE HRS. LOGGED \_\_\_\_\_ TOTAL FIXED WING HRS. LOGGED \_\_\_\_\_

## CLASS SELECTION

MODEL TO FLY IN COURSE *(Choose ONLY one):* R22 (\$900.00)  R44 (\$1,500.00)  R66 (\$1,700.00)

PREFERRED CLASS DATE: \_\_\_\_\_ ALT. DATE: \_\_\_\_\_

WAIT LIST?  DATE(S): \_\_\_\_\_

## PAYMENT

*(Application will not be processed without payment)*

CHARGE MY: VISA  MasterCard  American Express  Discover  U.S. check or money order enclosed   
*(Payable to Robinson Helicopter Company)*

CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_  
CVV Sec. Code Billing Zip Code

SIGNATURE for CREDIT CARD AUTHORIZATION: \_\_\_\_\_

*Reservations and tuition is valid only for the pilot on confirmation letter and is not transferable.  
Rescheduling must be received in writing at least 2 weeks of class date to avoid 50% penalty.  
Cancellations received in writing at least 2 weeks of class date will incur 10% processing fee.  
No refund will be issued for cancellations within 2 weeks of class date. Refunds/credits will only be issued to original payment source.  
"No shows" forfeit their tuition entirely.*

MAIL TO:  
Robinson Helicopter Company  
2901 Airport Drive, Torrance, CA 90505

E-MAIL TO:  
[courses@robinsonheli.com](mailto:courses@robinsonheli.com)

FAX TO:  
(310) 539-7594

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FOR RHC USE ONLY

Invoice # \_\_\_\_\_ Date Rescheduled \_\_\_\_\_ Lic / ID \_\_\_\_\_