## ROBINSON HELICOPTER COMPANY R22/R44/R66 FACTORY MAINTENANCE TRAINING COURSE APPLICATION

Please complete the following application and return with a legible copy of your mechanic's license (both sides) and photo I.D., along with payment of US\$1,100.00 by U.S. check or money order payable to Robinson Helicopter Company, or VISA, MasterCard or American Express credit card. Applications will not be processed unless accompanied by tuition. Course is held in English only. Course reservations are only valid for the mechanic listed on the confirmation letter and are not transferable. Confirmation will be sent by email. Please do not make travel arrangements until confirmation is received.

| Address:    Postal Code   Fax:   | Name:           |                                 |                    |         |                           |            |
|--|-----------------|---------------------------------|--------------------|---------|---------------------------|------------|
| Telephone: Fax: E-mail: (Required for Confirmation)  Emergency Contact No.:  Company You Represent:  MUST BE FLUENT IN ENGLISH TO ATTEND - ARE YOU FLUENT IN ENGLISH? (CIRCLE ONE) YES (If NO, you must arrive with an English interpreter for assistance)  Mechanic's Signature (Required) X:  Mechanic Licenses  Type  Mechanic Licenses  Type  Number  Pilot Licenses  Number  Pilot Licenses  Number  Briefly describe your aircraft maintenance experience, including helicopters (if any):  What aircraft are operated/maintained by the company you represent?  Indicate 1st Choice Course Date: 2nd Choice:  CHARGE MY: VISA MasterCard American Express Check or money order enclosed (Payable to Robinson Helicopter Company)  CARD NUMBER: EXPIRATION:  Security Code  SIGNATURE for CREDIT CARD AUTHORIZATION:  Course Paid By (e.g., name of student or employer):  Name  MAIL TO: Maintenance Course Administrator  Robinson Helicopter Company 2901 Airport Drive, Torrance, CA 90505  FAX: 310-534-3693  Must include legible copies of your govtissued Mechanic License (both sides) & Photo ID with Application  |                 | First (please print or type)    | Middle             | e       | Last                      |            |
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|  | Must include    | •                               |                    |         |                           | pplication |
| FOURTH, USA UNIV   | For RHC Use (   |                                 |                    |         |                           |            |
| Invoice # Rescheduled Date: License & ID:  |                 | •                               | Rescheduled Date:  |         | License & ID <sup>.</sup> |            |