



# PILOT SAFETY COURSE APPLICATION

Please complete and return with legible copies of your helicopter pilot license (front and back), photo ID and payment. Confirmations will be sent by email. **Applications will not be processed unless accompanied by tuition. Please print neatly.**

## CONTACT INFORMATION

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

COMPLETE ADDRESS \_\_\_\_\_

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

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

*(Required for Confirmation)*

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

## HELICOPTER RATING

CHECK ONE: PRIVATE  COMMERCIAL  CFI  ATP

RATING PENDING

*(Must be rated prior to attending)*

CERTIFICATE # \_\_\_\_\_

TOTAL HELI. HRS. LOGGED \_\_\_\_\_ R22 HRS. \_\_\_\_\_ R44 HRS. \_\_\_\_\_ R66 HRS. \_\_\_\_\_

*(3 hours logged in a Robinson is required)*

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

MODEL TO FLY IN COURSE: R22 (\$500)  R44 (\$700)  R66 (\$1100)  *(Only one flight in one model is provided)*

ROBINSON DEALER, FLIGHT SCHOOL OR AFFILIATED AIRPORT: \_\_\_\_\_

NAME OF LAST FLIGHT INSTRUCTOR: \_\_\_\_\_

## REGISTRATION

PREFERRED SAFETY COURSE DATE: \_\_\_\_\_ ALT. DATE: \_\_\_\_\_

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

WILL YOU USE THIS COURSE TO RENEW YOUR CFI? YES  NO

## PAYMENT

*(Application will not be processed without payment)*

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: \_\_\_\_\_

*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. "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 \_\_\_\_\_ License & ID \_\_\_\_\_