



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 _____
CITY STATE / PROVINCE COUNTRY

PHONE: CELL _____ DAY _____ EVENING _____

FAX _____ E-MAIL _____

(Required for Confirmation)

EMERGENCY CONTACT NAME _____ PHONE _____

PILOT EXPERIENCE

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 _____

ROBINSON DEALER OR FLIGHT SCHOOL AFFILIATION: _____

REGISTRATION / CFI RENEWAL

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

PREFERRED SAFETY COURSE DATE: _____ ALT. DATE: _____

WAIT LIST? DATE(S): _____

DO YOU INTEND TO USE THIS COURSE TO RENEW YOUR FAA CFI? YES NO

IF YES, TO MEET FAA REQUIREMENTS, YOU WILL FLY ON THURSDAY WITH COURSE COMPLETION NO EARLIER THAN 3:00 P.M.

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: _____
CVV Sec. 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

FAX TO:
(310) 539-7594

FOR RHC USE ONLY

Invoice # _____ Date Rescheduled _____ License & ID _____