



INSTRUCTOR PILOT STANDARDIZATION COURSE APPLICATION

Please complete and **SEND WITH LEGIBLE COPIES OF YOUR CFI HELICOPTER PILOT CERTIFICATE (BOTH SIDES), TUITION, 2ND CLASS MEDICAL, AND PHOTO ID.** Applications will not be processed without tuition and required documents. Confirmations are sent by email. Please print neatly.

NOTE: THIS IS A "PASS OR FAIL" TRAINING PROGRAM.

DATE: _____

CONTACT INFORMATION: NAME: _____

FIRST

MIDDLE

LAST

COMPLETE ADDRESS: _____

STREET

CITY

STATE/PROVINCE

ZIP/COUNTRY

PHONE: CELL _____ DAY _____ EVENING _____

E-MAIL: _____ *(Required for Confirmation)*

EMERGENCY CONTACT NAME: _____ PHONE: _____

ROBINSON DEALER OR

PILOT EXPERIENCE: CFI CERT. #: _____ FLIGHT SCHOOL AFFILIATION: _____

TOTAL HELI. HRS. LOGGED: _____ R22 HRS.: _____ R44 HRS.: _____ R66 HRS.: _____

(Minimum 3 hrs. logged is required in model selected)

TOTAL HRS. INSTRUCTION GIVEN: _____ TOTAL TURBINE HRS.: _____ TOTAL FIXED WING HRS.: _____

CLASS SELECTION: (**CHOOSE ONE MODEL TO FLY**) R22 (\$2,200.00) R44 (\$3,100.00)

PREFERRED CLASS DATE: _____

WAIT LIST? LIST CLASS DATES: _____

PAYMENT: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

(U.S. check or money order accepted - payable to Robinson Helicopter Company)

CREDIT CARD NO.: _____ EXP. DATE: _____

CVV CODE

BILLING ZIP CODE

SIGNATURE for CREDIT CARD AUTHORIZATION *(Required)*: _____

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

MAIL TO:
ROBINSON HELICOPTER COMPANY
2901 AIRPORT DRIVE, TORRANCE, CA 90505

E-MAIL TO:
COURSES@ROBINSONHELI.COM

FOR RHC USE ONLY

Inv. # _____

Date Resch _____

Lic / Med / ID _____