



# INSTRUCTOR PILOT STANDARDIZATION COURSE APPLICATION

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

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: \_\_\_\_\_

**PILOT EXPERIENCE:** CFI CERT. #: \_\_\_\_\_ ROBINSON DEALER OR 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 (\$1,900.00)  R44 (\$2,800.00)

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. Refunds/credits will only be issued to original payment source.  
"No Shows" will forfeit the tuition entirely.*

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

**E-MAIL TO:**  
COURSES@ROBINSONHELI.COM

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FOR RHC USE ONLY

Inv. # \_\_\_\_\_ Date Resch \_\_\_\_\_ Lic / Med / ID \_\_\_\_\_