

Quantum Helicopters Enrollment Application



Personal Information

Name _____ Email _____
Address _____ City _____ ST _____ Zip _____
Phone _____ DOB _____ Weight _____ Occupation _____
Notify in case of emergency _____ Phone _____
Highest level of education GED HS BA/BS MA/MS

Program Requesting PVT IFR COMM CFI CFII Other **Start date Requesting** _____

Documents required prior to the start of training:

1. An unexpired, original US passport or original birth certificate (US citizens only, others please contact QH for further assistance)
2. A current aviation medical certificate

Pilot Experience and qualifications

Check here if no prior experience

(Put N/A if not applicable)

Pilot Certificates and Ratings held: _____

Pilot Certificate # _____ Date Issued _____ Medical Class _____ Date Issued _____

Total Flight Hours	_____	Helicopter	_____	Airplane	_____
Total PIC	_____	Helicopter	_____	Airplane	_____
Total Instrument	_____	Helicopter	_____	Airplane	_____
Instruction Received	_____	Instruction Given	_____		

Name of previous school/s _____ Dates Attended _____ to _____

Certificates/ratings achieved _____

Will you be using VA benefits (GI Bill)? Yes No

Have you ever been convicted for a violation of any Federal or State statues relating to drugs, marijuana, or depressant or stimulant drugs or substances? No Yes Date of conviction _____

Have you ever had an aircraft accident? No Yes If yes, please explain _____

Deposit Agreement

I, _____ am remitting the sum of \$1,000.00 to Quantum Helicopters which shall represent my Deposit for training. I understand that this deposit reserves my position to begin helicopter flight training on the date of _____ and will be applied to my training account when I report for training. Further, I accept, acknowledge, and understand that this deposit is non-refundable in the event I am unable to appear for training on the date specified above, and will be forfeited to Quantum Helicopters without recourse.

I certify that the information I have provided above is accurate to best of my knowledge.

Student signature _____ **Date** _____

Chief Flight Instructor signature _____ **Date** _____

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