

**ENROLLMENT APPLICATION/DEPOSIT AGREEMENT
QUANTUM HELICOPTERS**

2401 S. Heliport Way, Chandler, AZ 85249
480-814-8118 (Ph) 480-814-8737 (Fax)

Personal Information:

Name _____ Email _____
Address _____ Home Phone (____) _____
City _____ ST _____ Zip _____ Work Phone (____) _____
DOB _____ Weight _____ Social Security # _____
Occupation _____
Notify In Case Of Emergency _____ Phone (____) _____
Highest Level of Education GED HS BA/BS MA/MS+ *(Please provide a copy of your diploma)*
Program Requesting _____ Start Date Requesting _____

Documents Required Prior to the Commencement of Training:

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

Pilot Training Experience:

Pilot Certificates and Ratings Held: _____
Pilot Certificate # _____ 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: _____
How did you hear about Quantum? _____

- *Have you ever been convicted for a violation of any Federal or State statutes relating to drugs, marijuana, or depressant or stimulant drugs or substances? Yes Date of conviction? _____ No
- *Have you ever had an aircraft accident, incident, or violation? Yes (Please explain on back) No
- *Will you be using VA Benefits (GI Bill)? Yes (See Student Orientation document for instructions) No

Deposit Agreement:

I, _____, am remitting the sum of \$500.00 to Quantum Helicopters which shall represent my deposit for flight 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 that I am unable to appear for training on the date specified above, and will be forfeited to Quantum Helicopters without recourse.

I additionally acknowledge this to be the only notification of the beginning training date as specified above. I understand that I will not receive any further notice from Quantum Helicopters of my beginning date as stated herein.

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

Student Signature: _____ Date: _____

Chief Flight Instructor Signature: _____ Date: _____