

**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: \_\_\_\_\_