

Enrollment Application

Personal Information

Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ DOB _____ Weight _____ Occupation _____
 Notify in case of emergency _____ Phone _____
 Highest level of education ☐GED ☐HS ☐BA/BS ☐MA/MS
 How did you hear about QH? ☐Referral _____ ☐Google ☐Instagram ☐Facebook ☐Other _____

Program Requested ☐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)
2. A current FAA 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 _____

How do you plan to pay? ☐VA Benefits ☐Private funding ☐Financing **Do you need assistance?** 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 _____