

Helicopter Safety Training PO. Box 1833

Keller, TX 76248

Course Registration

Course:	Modele		Transition Course (Ground and Flight)			
	Modele		Refresh	er Course (Ground	l and Flight)	
	Modele		Refresh	er Course (Ground	l Only)	
	Modele		Refresh	er Course (Flight (Only)	
Time in	n Each Selec	ted Model			100	
Information:						
Name:		126		F[f^	ДQ	
Address (home):		200		_ City QQ	QQQSF_	Zip
Address (business):				_ City QQQQ	QQ SF _	Zip
Company:	-	Service Coules	(2)	ZESLAVIII		
Phone # (personal):			Phone # (business)			
Phone # (cell):	Do you accept Text messages on this # Yes					es No
Personal e-mail addre	ess:					
Business e-mail addre	ess:					
				Expiration Date:		
B;>AF D3F;@9E						
57DF;8;53F7°:QQ						
Helicopter:	Private	Commercial	ATP	CFI	CFII	
Airplane: FLIGHT TIME:	Private	Commercial	ATP	CFI	CFII	
Helicopter To	otal: QQQQ			Airplane Total:		
	PIC:				PIC: QQQQQ	
Last	6 Months:			Last 6 N	Months: QQQQQ	
		QQ/: W/UabfWdFafS^Ł3[o				
Models Flown-Helico						
Models Flown-Airplai						
Please have a copy of y				instructor prior to	start of flight tra	ining.
I certify that the inform	mation on th	is form is true and	l correct			
Signature:				6Sf\	, vannanna	