

Completion Information

For completing the forms and sending it to the Training Academy you have several possibilities you can choose. These options include:

- Complete the form directly within Acrobat Reader and print it **or**
- Print the form and complete it with typewriter or in block letters

Send the completed and signed forms together with the requested additional documents (see check list below) to the following mail address or fax it to the following fax number:

Mail Address

Eurocopter Deutschland GmbH
Department ESDO - Training Academy
D-86607 Donauwörth

Fax Number

Telefax: 0049 - 906 - 71 - 44 99

Please remember to send us additionally a passport size photo via mail or email to facilitate the inprocessing procedure at your arrival.

Email Address

trainingacademy@eurocopter.com

Registration Check List:

Pilot Training

- "Registration Form" – Appendix A
- "Pilot's Questionnaire" – Appendix B
- Up-to-date passport size photo
- Copy of pilot's licence
- Copy of valid medical

Aircraft Technician Training

- "Registration Form" – Appendix A
- "Technician's Questionnaire" – Appendix C
- Up-to-date passport size photo

Other Training

- "Registration Form" – Appendix A
- Up-to-date passport size photo

Note: For any additional course or registration information, please consult the Training Academy **Course Catalogue 2010** or contact the Training Academy.

Registration Form (1/2)

Pilot: **Technician:** **Other:**

Requested Training

Course No.:

Course dates:

1. _____ from: _____ to: _____

2. _____ from: _____ to: _____

All training will be conducted in English language. Please indicate if you require an interpreter:

The Training Academy is to provide an interpreter.

Please note that for pilot training the course length may be extended accordingly.

Invoice address: _____ Note: If you received this
_____ registration form via a
_____ EUROCOPTER subsidiary/
_____ agent just put in their address.

Family Name: _____ First name: _____

Date of birth: _____ Place of birth: _____

Nationality: _____ Function/Rank: _____

Home address: _____

Telephone: _____ Telefax: _____

Email: _____

Employer's name and address: _____

Telephone: _____ Telefax: _____

Email: _____

Registration Form (2/2)

SECURITY REGULATIONS

As per Eurocopter Deutschland's policy in terms of security regulations, you are kindly requested to observe the following:

- Badges must be carried at all times.
- Cameras are not allowed within the premises at any time.
- Please declare PC, notebook, mobile-phone with camera at the main entrance.
- Access is only allowed to the facilities directly related to the training courses.

IMPORTANT INFORMATION

As a courtesy to your fellow course participants and to the instructing personnel please make sure to arrive in time for the beginning of all course stages.

Please also note, that absence from classes or flight training may result either in additional cost, the prolongation of the course, or in the complete cancellation of it.

If you participate in a practical training please take your working clothes (incl. appropriate shoes) with you.

Date, Signature: _____

Pilot's Questionnaire (1/2)

YOUR PERSONAL DATA:

Family Name: _____ First name: _____

Date of birth: _____ Place of birth: _____

EXPERIENCE ON HELICOPTERS:

Licence type: _____ Issued by: _____

Licence number: _____ Validity: _____

Last medical: _____ Validity: _____

Flight hours (last 12 months): _____ Total flight hours: _____

Current ECD type ratings, variant and cockpit (FCDS / AFCS):

Other type ratings: _____

Instructor rating? Yes No IFR-rating? Yes No

Other ratings: _____

FIXED WING EXPERIENCE (if any):

REMARKS:

Remarks: _____

Important Information:	<ul style="list-style-type: none"> Pilots to be trained must be graduated helicopter pilots holding a valid helicopter pilot licence. For enrolment please attach a copy of your licence and medical when returning the pilot's questionnaire. Please present your original license and a passport or ID card to the Training Academy at the beginning of the course.
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Pilot's Questionnaire (2/2)

Requested Pilot Training – please tick:

	BO 105	EC 135	BK 117 A – C1	EC 145
Type Rating Course VFR (TR)				
Ground Run & Functional Check Flight				
Refresher Course (RCP) (1)				
Type Rating Instructor, TRI (H) and Type Extension				
CAT.A Training (CAT.A)				
Type Rating IR (IFR)				
Instrument Rating (IR (H))				
External Hoist (EHP)				
External Load Hook (LHP)				
High Landing Skid (HLS)				
Night Flight (NFP)				
Helicopter Differences Training (2)				
GPS Training (3)				
NVG Training				
FLIR Training (4)				
Synthetic Flight Instructor Training (SFI)				
Emergency Refresher Training				

(1) specify refresher: _____

(2) specify known variant and variant to be trained: _____

(3) specify GPS equipment: _____

(4) specify level: _____

Date, Signature: _____