



Helicopter Flight Training Enrollment Application

Last Name		First Name		Date of Birth (YYYY/MM/DD)	
Permanent Address			Daytime Telephone		Evening Telephone
			Height (Feet/Inches)		Weight (Pounds)
			Email Address		
Address while at BC Helicopters			Name, Address, and Telephone Number of Emergency Contact Person		
			Relationship of Contact Person		
How did you hear about BC Helicopters?			Spouse & Children Names: (If applicable)		

Please Indicate which course you are interested in attending:

CPL(H) - 100 Hour Commercial Course (No Night Rating)
 CPL(H) - 105 Hour Commercial Course (With Night Rating)
 CPL(H) - 60 Hour Alternate Category (Must hold Canadian Commercial Aeroplane Licence)
 PPL(H) - 45 Hour Private Course

Advanced Courses:

22 Hour BC Forest Service Approved Mountain Course
 Foreign Conversion
 Other: _____

Please provide an approximate date by which you wish to start your training: _____

Have you attended any ground school previous to your registration? YES NO

If yes, please explain: _____

For Canadians Only:

Is this course sponsored by WCB because of workplace injury? YES NO

If yes, please explain: _____

Is this course funded by HRDC or any other government agency? YES NO

If yes, please explain: _____

Please provide the details of your education, listing most recent schools/training first.

Name of School	Type of School/Training (Secondary, Trade, College, University, etc...)	Dates Attended	Level of Achievement (Grade, Year, Diploma, Degree, Etc...)

Work History Since High School Graduation:

British Columbia Helicopters

Unit 1 Hanger 47 21330 56 ave Langely BC V2Y 0E5
www.bchicopters.com



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Please check **ANY** of the following that **apply** to you.

- | | |
|--|---|
| <input type="checkbox"/> I have a learning or reading disability | <input type="checkbox"/> Currently on Medication: _____ |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Have allergy's: _____ |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Colour-blind | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use contact lenses for flying | |
| <input type="checkbox"/> HIV/Aids | |

Have you ever been charged for impaired driving or illegal drug use? If so, please explain:

Have you started helicopter training at another flight school prior to starting here? YES NO

Have you been declined training by another flight school in the past? YES NO
If so, please explain:

Please explain, in your own words, why you wish to learn to fly helicopters and any future goals:

Please provide the names and contact information of three people whom we may contact for reference. References may be former teachers, employers, or other professional acquaintances, who will attest to your good character and work ethic. Please do not list family members.

Name	Occupation / Position	Contact Information
1		
2		
3		

Privacy Statement

The personal information provided by the applicant in this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP) and the Personal Information and Electronic Documents Act (PIPEDA). Information is collected and used solely for the purposes of administering flight training programs and will only be used by authorized staff. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. By signing below, the applicant consents to the collection and use of the information in this document for the above purposes.

Applicant Declaration

I (the undersigned) hereby declare that, to my knowledge, the information I have provided is accurate. I understand that acceptance to a course is conditional upon an interview with British Columbia's Chief Flight Instructor and the number of students already enrolled in that course.

Signature of Applicant

Date (YYYY/MM/DD)

This section for office use only.

Cat 1 Medical: _____ Date _____ Number _____	Introductory Flight: _____ Flight Time _____ Date _____
Interview Date: _____ Date _____	Deposit Received: _____ Amount _____ Date _____
Course Start: _____ Date _____	_____ Registration Officer Signature _____ Date _____

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Page 2