



		TERS	Date				Enrolment For
Customer					Rotor Rewards Contac	ct	
ООМ					Title		
Chief Pilot					E-mail		
Address					Phone Number		
City		Provin	ce Zip	Code	CSR Contact e-mail(s)		
- Aircraft Ide	ntificat	ion Information (I	ist all Airbus He	elicopters in you	r fleet): If fleet exceeds	10 aircraft, please use a	dditional forms
Aircra	aft	Serial Number	TTSN	Province of Operation	Mission	Total 2014 Flight Hrs	2015 Estimated Flight Hrs
1							
2							
3							
4						1	
11	- 1						
5							

2- Spare(s) and maintenance - 2015 Forecast:

8

9

10

Highlight major components to be overhauled and items to be replaced (SLL)

Part Description	Aircraft	Q1 # Units	Q2 # Units	Q3 # Units	Q4 # Units	Nature of service
Main Gear Box						
Tail Rotor Gear Box						
Epicyclic						
Mast Assembly						
Starflex						
Main Rotor Blade						
Tail Rotor Blade						
Servo						





3- Kindly highlight scheduled maintenance in yo	our fleet f	or 2015:
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Maintenance Typ	pe	Aircraft		Q1 # Units	Q2 # Units	Q3 :	# Units	Q4 #	# Units
12 Year Inspection	ns								
e you planning a	ny conve	rsions in 20	15? Ple	ease highlight:					
	nversions			# of a/e	:	Q1	Q2	Q3	Q4
AS35	50 B TO BA								
AS35	0 BA TO B2	<u>.</u>							
Vould you require	any ontic	onal equipm	nent?	Please specify:	□ No	Dural Dilat		TIP or S	D
Cargo Pod		Litter Kit		Enlarged Floor Window	_	Dual Pilot Relocation			
High Visibility Door		Cargo Mirror		Longline 50A and Plug		Protectors			
Airframe Fuel Filter	_	de Tie Down		Wire Strike Protection	EC130 Dual NiC				
Other:	_								
, ,	-		•	aircraft?		☐ No Canadian n	n arket , an i i	mport or an	export:
If Yes, please specify	for each a	ircraft: Typ	oe, new	or used and if the trans	saction will be in the	Canadian n			
If Yes, please specify Nould you require	for each a	ircraft: Typ	oe, new			Canadian n	narket, an i		export:
If Yes, please specify Nould you require	for each a	ircraft: Typ	oe, new	or used and if the trans	saction will be in the	Canadian n			
If Yes, please specify Would you require	for each a	ircraft: Typ	pe, new	or used and if the trans	saction will be in the	Canadian n			
If Yes, please specify Nould you require Please specify:	any train	ircraft: Typ ing course? Pilc	pe, new	or used and if the trans	saction will be in the	Canadian n			
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If Yes, please specify Would you require Please specify: No Additional commer	any train	ircraft: Typ ing course? Pilc AM	oe, new	Initial	Recurre	ent	Type of	a/c	#
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By completing this form, the Customer authorizes AHCA to use the information for the purpose as it is defined in Rotor Rewards terms & conditions.

AHCA undertakes to keep such information confidential and not to disclose it to any third-party unless expressly consented by the Customer.

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