



## AIRBUS HELICOPTERS CANADA TRAINING CENTRE ENROLLMENT FORM

To receive Confirmation of Enrollment on an AIRBUS HELICOPTERS CANADA AIRFRAME MAINTENANCE COURSE please complete Enrollment Form, along with \*PO or Credit Card Number.

Please ensure your name is inscribed the way you wish it to appear on your certificate.

Name (First & Last): \_\_\_\_\_

Nationality: \_\_\_\_\_

AME License # or School Attended: \_\_\_\_\_

Years of experience in General: \_\_\_\_\_ Years of experience on Type: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address (physical): \_\_\_\_\_

Address (mailing): \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home or Mobile Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Airframe course: \_\_\_\_\_ Course Location: \_\_\_\_\_

Date (Airframe): From \_\_\_\_\_ To \_\_\_\_\_

PO # \_\_\_\_\_ or Course provided under Purchase Agreement; aircraft serial number: \_\_\_\_\_

D.O.M./Owner Signature: \_\_\_\_\_

**\*NOTE: If using credit from Purchase Order Agreement or Company PO, we require an authorized company signature from the D.O.M. or Owner of the Aircraft.**

### Credit Card Payment

Name on card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Cancellation of Enrollment:** No-Shows and Cancellations received less than 10 business days before class date will be assessed full tuition charges for that class. Important: **All cancellations must be in writing.**

\*Pre-requisite for all Difference Courses is an AS350 or AS355 Endorsement

**Return, attention of Caren, by fax 905-871-3599 or e-mail [Caren.Stewart@airbus.com](mailto:Caren.Stewart@airbus.com)**