



50 Terminal Street, Box 8
 North Bay Airport
 North Bay, Ontario, Canada, P1B-8G2
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 Fax: 705-494-4758

www.helicopterscanada.com

Helicopters Canada Domestic and International Student Application Form

PERSONAL DETAILS											
TITLE:		Mr	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MS	<input type="checkbox"/>				
SURNAME:											
FIRST NAME:					MIDDLE NAME:						
DATE OF BIRTH:		DAY	<input type="checkbox"/>	MONTH	<input type="checkbox"/>	YEAR					
SEX:		MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	HEIGHT	<input type="checkbox"/>	ft	WEIGHT	<input type="checkbox"/>	bs
ADDRESS:		HOUSE OR APT #			STREET						
CITY		Province/State			Postal Code		Country				
HOME TELEPHONE:		Country Code		Area Code		Number					
Other:		Country Code		Area Code		Number					
E-mail:		Citizenship:			First Language:						
COMMERCIAL FLIGHT TRAINING COURSE SELECTION (CPHEL)											
<input type="checkbox"/>	<input type="checkbox"/>	CPHEL 100 HOURS:				RH22	<input type="checkbox"/>	HOURS			
<input type="checkbox"/>	<input type="checkbox"/>	CPHEL CONVERSION FROM AIRPLANE 60 HOURS:				RH44	<input type="checkbox"/>	HOURS			
<input type="checkbox"/>	<input type="checkbox"/>	CPHEL CONVERSION FROM FOREIGN LICENSE:				BH206	<input type="checkbox"/>	HOURS			
OTHER COURSE OPTIONS											
<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE HELICOPTER LICENSE 45 HOURS:				}	<input type="checkbox"/>	HOURS			
<input type="checkbox"/>	<input type="checkbox"/>	INSTRUCTOR RATING 25 HOURS:									
<input type="checkbox"/>	<input type="checkbox"/>	INTRODUCTORY 3 HOURS COURSE:									
<input type="checkbox"/>	<input type="checkbox"/>	NIGHT RATING 10 HOURS, OR 5 WITH CPHEL:									
<input type="checkbox"/>	<input type="checkbox"/>	IFR RATING 20 HOURS:									
<input type="checkbox"/>	<input type="checkbox"/>	TYPE ENDORSEMENT:				BH206	<input type="checkbox"/>	HOURS			
REQUIRED DOCUMENTS ACCOMPANYING APPLICATION FORM											
MEDICAL CERTIFICATE				<input type="checkbox"/>	HIGH SCHOOL DIPLOMA				<input type="checkbox"/>		
BIRTH CERTIFICATE or PASSPORT				<input type="checkbox"/>	DEPOSIT				<input type="checkbox"/>		
SIGNATURE					DATE						