



# C550 REQUEST FOR TRAINING FORM

**Requested By:**  
**Name:**  
**Position:**  
**Company:**  
**A/C Type:**    C550                  Bravo

**Tel:**    **Business:**  
          **Home:**  
          **Cell:**  
          **Fax:**  
**Email:**

**Mailing/Billing Address:**

**Admin Contact:**  
**Position:**  
**Tel**  
**Email:**

<b>Name of Student(s):</b>	<b>Telephone:</b>	<b>Email:</b>	<b>Pilot License #:</b>

<b>Course Requested:</b>				
<b>Preferred Dates:</b>	Citation Initial	<input type="checkbox"/>	Citation Recurrent	<input type="checkbox"/>
<b>Alternate Dates:</b>	A/C Serial No.		A/C FMS	
<b>Today's Date:</b>	A/C Avionics		Modifications	
<b>C550 Add-On Training:</b>				
	CFIT	<input type="checkbox"/>	RVSM	<input type="checkbox"/>
	Low Visibility T/O	<input type="checkbox"/>	RNAV (GPS)	<input type="checkbox"/>
<b>Payment CAD</b>	FMS Training	<input type="checkbox"/>	Proline 21 Training	<input type="checkbox"/>
<b>Payment Method</b>	CRM	<input type="checkbox"/>	Right Seat Training	<input type="checkbox"/>
	High Altitude	<input type="checkbox"/>	Dangerous Goods	<input type="checkbox"/>

**Comments/Special Requests (if applicable):**

**Email or fax to:**    Aerosolutions  
                                  6355 Deermeadow Drive  
                                  Ottawa (Greely), ON, K4P 1M9, Canada  
                                  Tel:    613-821-4454  
                                  Fax:    613-821-6221  
  [aerosolutions@rogers.com](mailto:aerosolutions@rogers.com)  
                                  Web:    [www.aerosolutions.ca](http://www.aerosolutions.ca)

Deposit: \$4,000 /student for recurrent or \$7,000/student for initial training required with this request. Full payment due 14 days from course start date as per contract & invoice. See website for cancellation details.