

RICHMOR AVIATION, INC.
 19 Airport Road, Schenectady County Airport, Scotia, NY 12303
 84 Citation Drive Wappingers Falls, NY 12590
 Route 9H Columbia County Airport Hudson, NY 12534

ENROLLMENT AGREEMENT
Commercial Pilot Added Category Rating Course – Part 141

Course Start Date: _____ Expected Date of Completion: _____ Instructor: _____

Tuition Charges			Minimum Advance Credits	Minimum Course Hours	Minimum Hourly Requirements
Training Kit	\$325.95	Dual (Local)	_____	___51___	___51___
		Day / Night (X-C)	_____	___4___	___4___
Pre & Post Instruction 15 @ \$50.00/hr	\$750.00	Dual Complex	_____	___10___	___10___
Ground instruction 15 @ \$50.00/hr	\$ 750.00	Solo (Local)	_____	___6___	___6___
Flight Time:		Solo (X-C)	_____	___4___	___4___
45.0 Dual (C-172) @ \$169.00/hr	\$7,605.00				
10.0 Dual (C-172RG) @ \$175.00/hr	\$1,750.00				
10 Solo (C-172) @ \$119.00/hr	\$ 1,190.00				
Additional Expenses: Manuals/Charts	\$50.00				
Practical Test	\$ 450.00				
Total:	\$12,870.95				

- Fuel Surcharge is included in these aircraft rates. Significant increases/ decrease in fuel prices may alter aircraft "wet" rates.

Hourly Rates for Additional Instruction

<u>Aircraft</u>	<u>Rate</u>	<u>Aircraft</u>	<u>Rate</u>	<u>Instruction Rates</u>	
C-152	\$93.00	Ground Trainer	40.00	Dual Instruction	\$50.00/hr
C-172RG	\$125.00			Ground Instruction	\$40.00/hr

Definitions: Richmor Aviation, Inc. (referred to as the "School"); the "student" is the participant in a structured training program conducted by the school and is more particularly described in Article VIII of the school Catalog; the "FAA" refers to the Federal Aviation Administration. The Operations Catalog, Training Syllabus and Federal Aviation Regulations are available from the school for the student's use and purchase.

Minimum Hours: The hours provided for in the tuition charges above are the **minimum** course requirement. The student fully understands that he/she may be required to take additional instruction in order to meet the proficiency standards required to satisfactorily complete the FAA written or practical test(s).

Tuition: The student also acknowledges that the written and practical tests are a requirement for Graduation and the FAA license is required for enrollment in subsequent courses.

Terms: The school agrees to provide the student with the resources, facilities and adequate instruction to complete this course of study in order to qualify him/her for the FAA practical tests for a Commercial Pilot Certificate Additional Category Rating.

Prerequisites: The student must be at least 18 years of age; be able to read, write, speak and understand the English language and must obtain and maintain at least a valid Class III FAA Medical Certificate, and hold an FAA Commercial Rotorcraft-Helicopter Rating . Further information regarding prerequisites and enrollment may be found in the Operations Catalog, Article II.

Advanced Credit: The school is restricted by FAA regulation from granting more than fifty (50%) percent of the course requirements as advanced credit as the time of enrollment when the flight time was logged at an approved school; or twenty-five (25%) percent if the flight time was logged under Part 61 of the Federal Aviation Regulations.

Audio Visuals: The Audio Visual presentation may be substituted for additional ground instruction at the hourly rates set forth above. The number of hours required is as stipulated by the approved syllabus.

**THE REVERSE SIDE OF THIS DOCUMENT IS IN ADDITION TO INFORMATION STATED HEREIN
 AND HAS THE SAME FORCE AND EFFECT.**

Enrollment: The school reserves the right to adjust tuition rates before the completion of the course.

Additional Expenses: The student can accept an expense for charts, maps and publications. The approximate fees for additional expenses have been given in the "Tuition Charges" section above, as well as in Article IX of the Operations Catalog. The student may choose to pay: *(1) the full tuition price for all courses in advance; *(2) the price of tuition for each course at the time of enrollment; or *(3) a-la-carte, in which case the flight cost must be paid immediately upon completion of flight or ground training. * A student will not be allowed to continue flying on a debit balance.

Employment: The school disclaims any responsibility to guarantee any employment to any student upon completion of any course agreed to herein.

Termination: The school may discontinue training for reasons of safety, misconduct, unsatisfactory progress, irregular attendance, or violations of school or FAA regulations.

Cancellation: A student may cancel training or voluntarily terminate by completing and submitting the "Notification of Intent to Withdraw" form available from the Manager, Assistant Manager or Admissions Office. He/She is entitled to a refund as stipulated in that Section. Cancellation of individual lessons scheduled must be made 24 hours in advance and are subjected to one hour in the scheduled aircraft and one hour of instruction with a flight instructor in the event that less than 24 hours notice is given. The Cancellation Deposit must remain on account until the completion of training.

Refunds: Upon termination or cancellation, the student is entitled to a refund as stipulated in Section 10.1 of the school catalog. Books and supplies may not be returned for a refund. The student must complete and sign a Request for a Refund, any monies due the student will be refunded within thirty (30) days.

Change of Circumstances: The student is required to contact the Business Office immediately upon change of address, telephone number or financial circumstances. This includes, but is not limited to employment, housing, visa status, etc...

I ACKNOWLEDEGE THAT I HAVE READ THE FOREGOING AGREEMENT AND CONSENT TO THE TERMS THERIN, I ACKNOWLEDEGE THAT I HAVE RECEIVED AN OPERATIONS CATALOG, A TRAINING SYLLABUS AND A COPY OF THIS AGREEMENT, WHICH I MAY RETAIN FOR MY OWN RECORDS.

Date: _____

Date of Acceptance: _____

Student's Signature

Flight School Director's Signature

Parent/Sponsor's Signature (if under 18)

Flight School Director's Name

Student's Name (Please Print)

Address

Address

City/State/Zip

City/State/Zip

Telephone

Telephone

Date of Birth

Actual Date of Completion

Class Medical: I II III

Date of Medical: _____

___ Student Copy

___ Admissions Copy

___ File Copy