

# RICHMOR AVIATION, INC.

19 Airport Road, Schenectady County Airport, Scotia, NY 12392  
 1155 Flatbush Road, Kingston-Ulster Airport, NY 12401  
 Route 9H Columbia County Airport Hudson, NY 12534  
 \*\*\*\*\*

## ENROLLMENT AGREEMENT Instrument Pilot Added Category Rating Course – Part 141

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Course Start Date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_ Instructor: \_\_\_\_\_

### Tuition Charges

	Minimum Advance Credits	Minimum Course Hours	Minimum Hourly Requirements
Dual (Total)	_____	15	15
Dual (A/C)	_____	15	15

Pre & Post Instruction 8.0 \$65.00/hr      \$520.00  
 Ground Instruction 8.0 \$65.00/hr      \$520.00

**Flight Time:**  
 15.0 Dual (C-172) @205.00hr      \$3075.00

Additional Expenses: Manuals/Charts      \$ 100.00  
 Practical Test      \$545.00 \* Based on designator

**Total:      \$4,760.00**

\* 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-172	\$140.00	Ground Trainer	\$95.00	Dual Instruction    \$65.00/hr Ground Instruction    \$65.00/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 practical test.

**Tuition:** The student also acknowledges that practical test is 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 pass the FAA practical test for the Instrument Rating Certificate.

**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 (for VA students a Class II is required), and have a valid Commercial Pilot Rotorcraft-helicopter certificate with instrument 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.**

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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 subject to 1 hour aircraft and 1 hour CFI time

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 ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AGREEMENT AND CONSENT TO THE  
TERMS THEREIN, I ACKNOWLEDGE 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

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