

INSTRUCTOR/PILOT EVALUATION

PILOT NAME GLENN IHDE
First Name Last Name

DATE 9/10/2008

TOTAL TIME 103 HELICOPTER 103 R22 82 R44 21

AS CFI _____

☐

R22 FLIGHT

☒

R44 FLIGHT

HELICOPTER RATINGS HELD:

PVT

COMM.

CFI

ATP

PROFICIENCY					
	UNSATISFACTORY	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
MANEUVERS					
LOW RPM RECOVERY			✓		
SETTLING W/POWER			✓		
STRAIGHT AUTOS			✓		
180° AUTOS			✓		
HOVERING AUTOS			✓		
SIMULATED ENG OUT			✓		
OVERALL HANDLING AND MANEUVERING				✓	
ATTITUDE				✓	
KNOWLEDGE			✓		
					COMMENTS/RECOMMENDATIONS

GENERAL COMMENTS: R44 OWNER. Fly's NO PROBLEMS.
GOOD ATTITUDE TO AVIATION SAFETY.

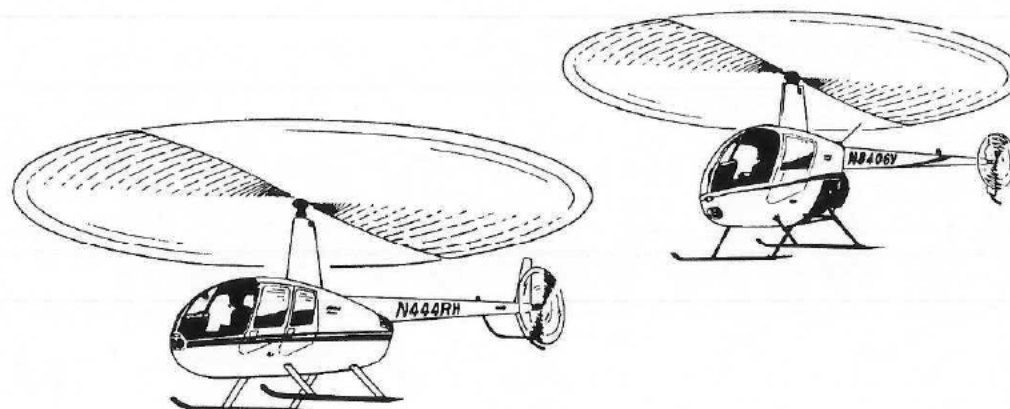
RHC INSTRUCTOR'S NAME BRYAN ROBINSON SIGNATURE _____
(PRINT CLEARLY)

Nº 13573

**CERTIFICATE
NUMBER**

**ROBINSON HELICOPTER COMPANY
PILOT SAFETY COURSE**

CERTIFICATE OF COMPLETION



AWARDED TO:

Glenn Michael Ihde II

AWARDED BY: ROBINSON HELICOPTER COMPANY

Torrance, CA 90505 U.S.A.

On the 11th day of September, 2008

TIMOTHY C. TUCKER, CHIEF INSTRUCTOR

RHC Pilot Safety Course Critique

Name: Glen Ide Date: 9/11/08

DAY 1

1. Accident Review

Add NTSB Numbers

Estimate flight hours to give sense of how often haircomman

2. Factory Tour

Standardize tour for station, show Robinson's uniqueness
emphasize quality control

3. Energy Management and Rotor Stall

good

4. Settling with Power

good

5. Mast Bumping

good

6. Dynamic Rollover

good

DAY 2

1. Regulations

good

2. HV Diagram

Very good

3. R22 Operating Manual

good

DAY 3

1. Flight

good

2. R22 Systems and Preflight Inspection

Very good

3. Maintenance

Go through checklist of Pilot maintenance - How to do it
e.g. Remove Nav Light Cover, Change battery - and list of Parts
to keep handy - Bulbs - ~~Nav~~ + Landing, oil, etc

General Comments

For RHC Use Only

Test Scores: Stage 1 _____

Stage 2 _____

Stage 3 96

**ROBINSON HELICOPTER COMPANY
FLIGHT INSTRUCTOR SAFETY AND REFRESHER CLINIC**

Registration Form

(Please print clearly) - the information on this form is used to issue your course certificate.
If you do not print clearly, your certificate **will have errors!**

Date: <u>9/8/08</u>		
Name: <u>Glenn</u>	<u>Michael</u>	<u>Ihde II</u>
<small>First</small>	<small>Middle</small>	<small>Last</small>
Address: <u>[Redacted]</u> <u>Red Oak, Texas</u> <u>75154</u>		
Phone: <u>[Redacted]</u>		
RHC Dealer Affiliation: <u>Sky Helicopters</u>		
Emergency Contact: <u>Rebecca Ihde</u>		<u>[Redacted]</u>
<small>Name</small>	<small>Phone Number</small>	
<u>Are you using this course to renew your CFI certificate? If yes, complete this portion.</u> <u>(If you do not complete this portion you will not get the proper certificate to present to the FAA.)</u>		
Full Name: _____		
Mailing Address (if different from above): _____		
CFI Certificate No.: _____ Date Issued: _____		

Certificates/Ratings (circle all those appropriate)

<u>Private</u>	<u>Commercial</u>	<u>ATP</u>	<u>CFI</u>
ASEL	ASEL	ASEL	ASEL
AMEL	AMEL	AMEL	AMEL
HEL	HEL	HEL	HEL
			INST

Total Aircraft Hours

Airplane: _____ Helicopter: 103.0 R22: 81.6 R44: 21.4

Total Hours of Dual Instruction you have **given** (CFIs only!): _____

(Please sign the Agreement on the reverse side of this form)


SETTLEMENT AND AGREEMENT SHOULD AN ACCIDENT OCCUR

I, Glen Iude, fully understand that piloting or flying in a helicopter can be very dangerous and that the helicopter I will be flying in may be performing maneuvers which involve a degree of risk. I am also aware that should an accident occur in which I am killed or seriously injured, it might be very difficult to determine the cause of, or responsibility for, the accident. I am aware that lengthy litigation could result which might take years to resolve and that even if victorious in a civil suit a substantial portion of the damages which my heirs and dependents were entitled to would likely be consumed by legal expense; or, that a judge or jury might determine that they were entitled to nothing at all but they would still have incurred considerable costs.

To avoid this uncertainty and to insure a prompt payment to my heirs and dependents should an unfortunate accident occur and without regard as to fault, I agree on behalf of myself, my heirs, and my dependents, to voluntarily release, discharge and hold harmless Robinson Helicopter Company ("RHC"), its employees, directors and agents from any and all claims or demands in exchange for RHC's agreement to pay my heirs One Hundred Thousand Dollars (\$100,000.00) as full and final settlement of any and all claims or demands, on a no-fault basis, regardless of the cause of the accident, in the event that I lose my life while piloting, riding in or walking near a Robinson helicopter owned or operated by RHC.

In the event I incur a minor or substantial injury from such an accident, I agree to voluntarily release, discharge and hold harmless RHC, its employees, directors and agents from any and all claims or demands in exchange for RHC's payment of an amount up to but not exceeding Fifty Thousand Dollars (\$50,000.00) as full and final settlement of all claims, such amount to be determined by arbitration.

I hereby instruct my heirs, dependents, executors, administrators, or other personal representatives to sign an appropriate Release and Settlement Agreement and to cooperate fully and execute any and all supplementary documents which may be necessary or appropriate to give full force and effect to the basic terms and intent of this Agreement.

Signature: 

Date: 9/8/08

SAFETY COURSE APPLICATION

Please complete the following information and return this form with copies of your Helicopter Pilot's License, current Medical Certificate (see note below if helicopter rating is pending), and payment information. RHC will accept a U.S. check or money order for the appropriate amount made payable to Robinson Helicopter Company, or Visa, MasterCard or American Express cards. **Applications will not be processed unless accompanied by the enrollment fee.** Confirmation packages will be sent within 2 weeks of receiving application.

NAME GLENN MICHAEL IHDE II
(Print clearly) First Middle Last

ADDRESS: Red Oak, Texas 75154

PHONE NUMBER: Days: [REDACTED] Evenings: [REDACTED]

FAX NUMBER: [REDACTED] E-MAIL ADDRESS: [REDACTED]

HELICOPTER RATING: Private, Commercial, CFI, ATP (Circle One) Certificate #: [REDACTED]
(Note: If presently working towards your Helicopter Rating, you may sign up for the course now, but are required to obtain your rating, prior to your scheduled course date.) Helicopter Rating is pending [REDACTED]

Are you working toward your CFI certificate? Yes [REDACTED] No X

Total Heli Hours Logged: 70 R22 Hours Logged: 70 R44 Hours Logged: Pending Purchase
(Must have at least 3 hours in a Robinson helicopter to attend RHC Pilot Safety Course.)

If you are a CFI, which helicopter do you instruct in? R22 [REDACTED] R44 [REDACTED]

Which model would you prefer to fly during the course? R22 (\$400) [REDACTED] R44 (\$500) X
(Please note: Each pilot will only be permitted to fly once during the safety course, and in one model.)

Name of Robinson Dealership or Flight School: Sky Helicopters Garland, TX

Preferred Safety Course Date: Earlier Opening
(Add a note if you wish to be added to the waiting list for possible earlier class openings.)

If the regular flight schedule for your preferred course date is full, are you able to do the flight portion on Friday, one day following the class? yes (Yes or No)
(*These courses are typically booked 6 months in advance. If you are not able to fly the following Friday, and the preferred course date is full, you will be scheduled on an alternate date. If no alternate date is selected, you will be scheduled on the next available course.)

Alternate Date Choice: SEP 8-11

Notes: OK

PAYMENT: (must be sent with application)

[REDACTED] Check or money order enclosed [REDACTED]

Card Number: [REDACTED] Expiration: [REDACTED]

Signature for credit card authorization: [REDACTED]
(PLEASE NOTE: Course reservations are only valid for the pilot listed on the confirmation letter and are not transferable. Requests for rescheduling or cancellation are non-refundable if received less than 2 weeks prior to the course date. No-shows forfeit their registration fee. All other cancellations will be charged a 10% processing fee.)

RETURN TO: [REDACTED] or Email [REDACTED]
Safety Course Administrator, Robinson Helicopter Company
[REDACTED] Torrance, CA, 90505, USA

Please include a "legible" copy of your Helicopter Pilot License (front & back) and current Medical Certificate.

For RHC use only: Invoice #: [REDACTED] Rescheduled Date: [REDACTED] Lic & Med Rcvd: [REDACTED]

I. UNITED STATES OF AMERICA

DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION

II. TEMPORARY AIRMAN CERTIFICATE

III. Certificate No.

PENDING

THIS CERTIFIES THAT

IV. GLENN MICHAEL IHDE II

V. [REDACTED]

RED OAK TX 75154

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
[REDACTED]	70 in	210 lbs	BROWN	BROWN	M	USA

IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance or the reverse of this certificate to exercise the privileges of: PRIVATE PILOT

Ratings and Limitations

ROTORCRAFT HELICOPTER

ENGLISH PROFICIENT

FF- MEDICAL CERTIFICATE FIRST CLASS AND STUDENT PILOT CERTIFICATE This certifies that (Full name and address): GLENN MICHAEL IHDE II RED OAK, TEXAS 75154		Date of Birth 70	Height 210	Eyes BRN	Sex M
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.					
RESTRICTIONS: NONE					
Date of Examination 3/28/2008	Examiner's Designation No. [REDACTED]	Examiner's Signature LAWRENCE B. MCNALLY, MD AIRMAN'S SIGNATURE [REDACTED]			

XIII.

THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS		DATE OF SUPERSEDED AIRMAN CERTIFICATE
GRADE OF CERTIFICATE		3/28/2008
BY DIRECTION OF THE ADMINISTRATOR		
X. DATE OF ISSUANCE	X. SIGNATURE OF EXAMINER OR INSPECTOR	EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG NO.
7/19/2008	[REDACTED]	[REDACTED]
IACRA E-SIGNED APPLICATION SW09		DATE DESIGNATION EXPIRES
		4/30/2009

FAA FORM 8060-4 (3-79) USE PREVIOUS EDITION

IACRA Equivalent

XIV. CONDITIONS OF ISSUANCE

This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void-

1. Upon the receipt of a certificate of greater duration to replace it;
2. Upon finding by the FAA that an error has been made in its issuance;
3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or
4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and
5. In any case, at the expiration of 120 days from date of issuance.

vii Airman's Signature