



Fuel Reimbursement Program Opt-In

- I have read Federal Aviation Administration (FAA) Exemption No. 10009C dated Oct 31, 2014 and will adhere to all the requirements of the exemption.
- I understand that this is a voluntary program and wish to participate.
- I will apply for reimbursement of fuel cost only for flight legs that are directly in support of patient transport and meet all requirements of the exemption. (Legs of small deviation for refueling are permitted).
- I agree to abide by the Initial and Recurrent Training Requirements.
- I agree to obtain and maintain a 2nd Class Medical prior to and during participation in the program.

Signature Date

NAME (Last/First/Middle): _____

Please Print

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DAY PHONE: () _____ - _____

CELL PHONE: () _____ - _____

EMAIL: _____