



Fuel Reimbursement Program Opt-In

- I have read Federal Aviation Administration (FAA) Exemption No. 10360E dated April 30, 2019, 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 costs only for flight legs that are directly in support of patient transport, includes all non-patient leg(s) that 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: _____

Please email or fax this form back to Angel Flight Northeast
Email: pilots@angelflightne.org
Fax: 978-794-8779