



## Fuel Reimbursement Program Opt-In

- I have read Federal Aviation Administration (FAA) Exemption No. 10360C dated June 11, 2015, 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](mailto:pilots@angelflightne.org)  
Fax: 978-794-8779