



**ESP™ecially for your PT6A  
REQUEST FORM**

ESP™ Program Office: +1 (450) 468-3771  
USA & Canada Toll Free: 1-888-4 PWC ESP  
Email: [esp.admin@pwc.ca](mailto:esp.admin@pwc.ca) or [ESPeciallyPT6@pwc.ca](mailto:ESPeciallyPT6@pwc.ca)



**OTHER RELATED ENTITIES**

	<b>PAYER</b> Entity paying the ESP™ invoices	<b>REGISTERED OWNER*</b> Entity who is the registered owner of the aircraft	<b>A/C INTEREST HOLDER*</b> Entity providing financing or with a financial interest in the aircraft
Identify if same as other entity or specify below	Same As:	Same As:	Same As:
Company Name:			
Street Address: (No PO box)			
City:			
Region/Prov./State:			
Postal/ZIP Code:			
Country:			
Principal Contact:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title:			
Phone:			
Email:			

\* Declare only if this entity is different than the Contractee and requires enrollment of the engine(s) onto the ESP™ Program.

**MAIN CONTACTS**

P&WC needs to know who to contact in the event of issues regarding reporting monthly hours to the ESP™ Program, payments to the ESP™ Program, Engine Condition Trend Monitoring (ECTM) data submission and ESP™ Program rates adjustments.

If possible, please identify if the appropriate contact is the same as one already identified in this form or specify the appropriate new contact below.

Note that if none is specified, P&WC will use the Principal Contact at either a) the Management Company (if one is identified) or b) the Contractee.

	<b>HOURS REPORTING</b>	<b>PAYMENT</b>
Identify if same as other or specify contact below	Same As:	Same As:
Contact Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title:		
Phone:		
Email:		
Company Name:		
Company Country:		

	<b>ECTM SUBMISSION</b>	<b>RATE ADJUSTMENT</b>
Identify if same as other or specify contact below	Same As:	Same As:
Contact Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title:		
Phone:		
Email:		
Company Name:		
Company Country:		

P&WC must have up-to-date information regarding the various entities and contact people involved. Please notify P&WC immediately at [esp.admin@pwc.ca](mailto:esp.admin@pwc.ca) or [ESPeciallyPT6@pwc.ca](mailto:ESPeciallyPT6@pwc.ca) of any changes.