

Recreational Aviation Australia Inc

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RECREATIONAL AVIATION AUSTRALIA INC

Pilot Certificate BFR Reporting Form

BFR CANDIDATE PERSONAL DETAILS (Please Print)

Pilot's Last Name				Membership Number	
Given Names					
Residential Address	Only fill out if member change of address is required on RA-Aus database.				
City/Suburb		State		Postcode	
Postal Address (if different)					
City/Suburb		State		Postcode	
Phone - Home		Work		Fax	
Mobile		Email			

This section to be filled out by RA-Aus Examiner and faxed, mailed or emailed by the examiner to RA-Aus Head Office upon completion.

Practical Demonstration	<input type="checkbox"/>	Review conducted IAW the requirements of Section 2.07, paragraph 5 of the Operations Manual and the Examiner is satisfied the PIC is competent in, but not limited by, the following areas: Controlled airspace entry requirements and avoidance, fuel management and planning, current regulatory and procedural changes, and the like.		
	<input type="checkbox"/>	Single seat BFR conducted.		
Documentation	<input type="checkbox"/>	Membership current.		
	<input type="checkbox"/>	Checked validity of endorsements held – (If not supply appropriate evidence and/or forms).		
	<input type="checkbox"/>	Entry into pilot logbook made and signed. (e.g. "BFR conducted IAW section 2.07 of RA-Aus Operations Manual." Then examiner signature, member number and date).		
BFR Conducted on	<input type="checkbox"/>	Weightshift Aircraft	Aircraft Type	
	<input type="checkbox"/>	3 Axis Aircraft	Aircraft Reg	
	<input type="checkbox"/>	Powered Parachute		

RA-Aus Examiner to complete

Name of Examiner			
Date			
Member Number		Examiners Signature	

Applicant Declaration (please print)

I _____ Member No: _____

agree that this flight review has been carried out in accordance with the requirements of Section 2.07 of the RA-Aus Operations Manual and I certify that my health standard continues to be equivalent to that required for the issue of a private motor vehicle driver's licence in Australia.

Member Signature: _____ Date: _____