

Recreational Aviation Australia Inc

ABN 40 070 931 645

3/1 Pirie Street

PO Box 1265, Fyshwick ACT 2609

Telephone: (02) 6280 4700 Fax: (02) 6280 4775

Email: admin@raa.asn.au



RECREATIONAL AVIATION AUSTRALIA INC

APPLICATION - FLIGHT CREW CERTIFICATION

RA-Aus AB INITIO APPLICANT or INSTRUCTOR ISSUE

PERSONAL DETAILS (Please Print)

Last Name						
Given Names						
Title	Mr/Mrs/Ms/Miss/Other		Date of Birth			
Membership Number			Valid Until			
Residential Address						
City/Suburb			State			Post code
Postal Address (if different)						
City/Suburb			State			Post code
Phone - Home			Work			Fax
Mobile			Email			
Occupation						

APPLICATION

TAX INVOICE

I apply for the issue of a Pilot Certificate Instructor Rating

I certify that my health standard is equivalent to that required for the issue of a private motor vehicle driver's licence in Australia, and I am able to understand and carry out instructions given in the English language. I have a current CASA Class 2 Medical Certificate (copy attached) whichever is applicable, and I am able to understand and carry out instructions given in the English language. Enclosed is the Schedule Fee.

Signature

Date

Cheque Money Order Bankcard Visa MasterCard

Card No

Expiry Date

Authorising Signature

Fee

Cardholder's Name

GST

Training Facility (if Known)

Total Fee

OFFICE USE ONLY

Receipt No.

Date

Amount Paid

Member No.

Entered

PAGE TWO MUST BE COMPLETED BY BOTH APPLICANT AND EXAMINER

APPLICATION - FLIGHT CREW CERTIFICATION

RA-Aus AB INITIO APPLICANT or INSTRUCTOR ISSUE

To be Completed by the Applicant.

Applicant Declaration of Training. (please print)

I _____ Member No: _____

Agree that the flight and theory training provided to me regarding this application meets the requirements of the RA-Aus Operations Manual.

Member Signature: _____ Date: _____

To be Completed by the Appropriate Examiner (Refer RA-Aus Operations Manual)

Aircraft Group

<p>A Three Axis Aircraft <input type="checkbox"/></p> <p>B Weight Shift <input type="checkbox"/></p> <p>D Powered Parachute <input type="checkbox"/></p>	<p>C Combined Control <input type="checkbox"/></p> <p>F Foot Launched only <input type="checkbox"/></p> <p>Low Performance <input type="checkbox"/> High Performance <input type="checkbox"/></p>
---	---

Practical

In Accordance with (I.A.W) the RA-Aus Operations Manual, the applicant has:

Demonstrated required competency Completed Flight Time Requirements Passed Relevant Flight Test

Documentation – attach relevant endorsements forms if required

Ground Theory / Exams Completed Log book entry made and signed, hours recorded true and correct

Examiner satisfied all areas of syllabus have been taught, including Human Factors training.

Medical Certificate attached if required: for issue of any Instructor rating, or per Ops Manual, 2.07, paragraph 5.

Aeronautical Experience (Hours)

Total in Command	Total Dual	Total RA-Aus Instructional	Total Recreational Aircraft	Total all Aircraft
[]	[]	[]	[]	[]

Certification

I certify that I have tested this applicant and believe that having been trained on:

Nose Wheel Aircraft Tail Wheel Aircraft

That they are at a Standard required for the issue of:

Pilot Certificate Instructor rating

In accordance with the requirements of the RA-Aus Operations Manual, I also certify that they have been trained in accordance with the relevant Civil Aviation Orders, Civil Aviation Regulations, any relevant legislation and the RA-Aus syllabus of training as specified in the RA-Aus Operations Manual. I have examined the Log Book of the applicant and certify that the above hours are recorded in the Log Book and are accepted as a fair record of the aeronautical experience of the applicant.

Examiner Name [] Examiner Member Number []

Signature [] Date []

Name Flight Training Facility []

Contact Phone Number []