

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

CONVERTING APPLICANT

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 Senior Instructor CFI

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	
Authorising Signature	
Cardholder's Name	
Training Facility (if Known)	

Expiry Date	
Fee	
GST	
Total Fee	

OFFICE USE ONLY

Receipt No.

Date

Amount Paid

Member No.

Entered

PAGE TWO MUST BE COMPLETED BY BOTH APPLICANT AND EXAMINER

CONVERTING APPLICANT

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)

Previous Experience

Pilot Qualifications:

eg student / pilot / commercial

GA HGFA GFA Member Number or ARN Level obtained

Instructor Qualifications:

eg Grade 1 / CFI approval / Snr Inst.

GA HGFA GFA Level obtained How long held years

International Qualifications:

Country Ratings Held

Note: An Endorsement Recognition form will also have to be completed and a copy or verification of All Qualifications will need to accompany application including copies of relevant Pilot Log Book Pages if necessary.

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 / Check

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

Aeronautical Experience (Hours)

Total in Command	Total Dual	Total Instructional		Total Recreational Aircraft	Total all Aircraft
		NON RA-Aus	RA-Aus		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certification

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

Group A Three Axis High Performance Low Performance

Group B Weight Shift Nose Wheel Aircraft Tail Wheel Aircraft

Group D Powered Parachute

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

Pilot Certificate Instructor rating Senior Instructor Rating CFI Approval

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

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RECREATIONAL AVIATION AUSTRALIA INC

ENDORSEMENT RECOGNITION FORM

NOTE: This form only to be used when accompanying Converting Pilot Application Form OR for current members, recognition of currently Held Equivalent Endorsements.

PERSONAL DETAILS (Please Print)

Pilot's Last Name		Membership Number	
Given Names			

To be completed by Examiner Proof of Equivalent Endorsement Must Be Attached.¹

- | | |
|---|---|
| <input type="checkbox"/> High Performance | <input type="checkbox"/> Low Performance |
| <input type="checkbox"/> Cross Country ² | <input type="checkbox"/> Passenger Carrying |
| <input type="checkbox"/> Radio Operator | <input type="checkbox"/> Nose Wheel |
| <input type="checkbox"/> Tail Wheel | <input type="checkbox"/> Formation |
| <input type="checkbox"/> Waterborne Floats | <input type="checkbox"/> Waterborne Hull |
| <input type="checkbox"/> Retractable Undercarriage | <input type="checkbox"/> In Flight Adjustable Propeller (const.speed) |
| <input type="checkbox"/> Controlled Airspace ² | <input type="checkbox"/> Low level |
| <input type="checkbox"/> Glider Towing ³ | <input type="checkbox"/> 2 Stroke |

Examiner Name Member Number

Signature Date

Name of Flight Training Facility

¹ Proof Of Endorsement MUST be attached or application will not be processed.

² For Controlled Airspace and Cross Country, Endorsements MUST BE CURRENT, ie GA BFR or recognised equivalent must be current for recognition of Endorsement.

³ Glider towing endorsement must be recognised by RA-Aus and the Gliding Federation of Australia (GFA) and have written permission from GFA to tow gliders.