

Pilot Certificate Initial Issue (RPC001)

APPLICANT TO COMPLETE

PERSONAL DETAILS

Surname	Given names	
Preferred name	Title	Date of birth
Membership Number	Membership Expiry	
Phone (H)	Phone (M)	Phone (B)
Residential address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Email	Occupation	
Emergency contact name	Number	

APPLICANT'S DECLARATION (Please tick relevant boxes)

- ☐ I certify I am able to understand and carry out instructions given in the English language and my health standard is equivalent to that required for the issue of a private motor vehicle driver licence in Australia.
- **Note:** Are you 75 or over OR do you have any of the following conditions: Epilepsy, Diabetes, Heart condition/disease or paralysis, Mental illness (medicated or otherwise) or any other medically significant safety related condition?
- ☐ If **Yes**, I understand that I must not exercise the privileges of a pilot certificate or act as pilot in command of a RAAus aircraft until I have forwarded to RAAus a statement from my doctor (GP) confirming I meet the health standard equivalent to that required for the issue of a private motor vehicle driver licence in Australia. If **No**, no further action required.

I, _____, Member Number _____ agree that the flight and theory instruction provided to me regarding this application meets the requirements of the RAAus Flight Operations Manual and Syllabus of Flight Training.

Applicant's Signature _____ Date _____

Payment Details and Tax Invoice

Authorised amount: Fee of \$49 includes Pilot Certificate Issue, 3 Axis/Weightshift Microlight/PPC, nose wheel and/or tail wheel, human factors training, radio operator* (*and any other endorsement completed at time of issue). Future endorsements obtained will be subject to fees in accordance with the RAAus schedule of fees and charges.

TOTAL AUTHORISED PAYMENT AMOUNT: \$49

Payment method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order (payable to Recreational Aviation Australia Ltd)
Card number:	Expiry date:	CCV:	
Cardholder's name:	Signature:		

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EXAMINER TO COMPLETE

Member Name	Membership Number
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To be completed by the RAAus Examiner (Refer RAAus Flight Operations Manual)

Aircraft Group and endorsements:

- ☐ Three Axis
 ☐ Weightshift Microlight
 ☐ Powered Parachute

Endorsements:

- ☐ Human Factors
 ☐ Radio Operator

- ☐ Additional endorsement/s (please specify) _____

Practical and Documentation

In accordance with the RAAus Flight Operations Manual, the applicant has:

- ☐ Demonstrated required competency and Examiner satisfied all areas of syllabus have been taught, including Human Factors training
☐ Completed Flight Time Requirements
 ☐ Passed relevant Flight Test
 ☐ Ground Theory / Exams completed
☐ Log book entry made and signed, hours recorded true and correct

Flight Test conducted in: Aircraft Type	Aircraft Registration
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Aeronautical Experience (Hours)

Total Command RAAus hours	Total Dual RAAus 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

They have demonstrated the required competency in accordance with the RAAus Syllabus of Flight Training.

In accordance with the requirements of the RAAus Flight 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 RAAus requirements. 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	Membership Number
Signature	Date
Name of Flight Training School	