

BFR Reporting Form (BFR001)

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 agree that this flight review has been carried out in accordance with the requirements of the RAAus Flight Operations Manual. I certify 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.

Applicant's Signature _____ Date _____

Examiner to complete and return to RAAus

Practical Demonstration	<input type="checkbox"/> I confirm the review has been conducted IAW the RAAus Flight Operations Manual and Syllabus of Flight Training, and I am satisfied the PIC is competent in all required elements. I have referred to the guidance provided in <i>RAAP 5 - What to expect from your BFR</i> <input type="checkbox"/> Single seat BFR conducted	
Documentation	<input type="checkbox"/> Checked that correct endorsements are held (if not, supply appropriate evidence and recognition form END002) <input type="checkbox"/> Entry made into pilot log book and signed (e.g. "(name) has satisfactorily completed a BFR IAW the RAAus Flight Operations Manual" then Examiner signature, member number and date)	
BFR conducted on	<input type="checkbox"/> Three Axis Aircraft <input type="checkbox"/> Weightshift Microlight Aircraft <input type="checkbox"/> Powered Parachute	Aircraft Type Aircraft Registration

Examiner name	Membership Number
Signature	Date
Name of Flight Training School	