



Combined RAAus - SAFA BFR Form (BFR002)

APPLICANT TO COMPLETE

PERSONAL DETAILS

Surname	Given names	
Preferred name	Title	Date of birth
RAAus/SAFA 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 AND SIGNATURE

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.

I understand if I am 75 or older and/or if I 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, I must not exercise the privileges of a pilot certificate or act as pilot in command until I have provided 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.

Applicant's Signature _____ Date _____

Examiner to complete

BFR Details

BFR conducted in: Aircraft Type	Aircraft Registration	Flight Duration
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NOTE: SAFA pilot certificate holders may not act as pilot in command of an RAAus registered aircraft without relevant RAAus qualifications. RAAus pilot certificate holders may not act as pilot in command of an SAFA registered aircraft without relevant SAFA qualifications.

EXAMINER DECLARATION AND SIGNATURE

I hereby certify and verify that the candidate nominated on this form has completed the flight review requirements noted below to an acceptable competency standard for Pilot Certificate in accordance with the SAFA/RAAus Flight Operations Manual and Syllabus of Flight Training for the continued operation of a Weightshift Microlight aircraft and holds all required endorsements.

I have referred to the guidance provided in RAAP 5 - What to expect from your BFR OR the SAFA Qualifications and Training Manual.

Examiner name _____ Membership Number _____
 Signature _____ Membership Expiry Date _____
 Name of Flight Training School _____ Date _____