BFR Reporting Form (BFR001)

RECREATIONAL AVIATION AUSTRALIA

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 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 _____

BFR conducted on	BFR conducted in: Aircraft Type	Aircraft Registration	Flight Duration
☐ Group A — Three Axis ☐ Group B — Weightshift Microlight ☐ Group D — Powered Parachute	☐ Observed **Note:** If single seat observed BFR conducted, pilots must have a current BFR		

EXAMINER DECLARATION AND SIGNATURE

I confirm the review has been conducted in accordance with 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 RAAP 5 - What to expect from your BFR.

I have confirmed correct endorsements are held (if not, supply appropriate evidence and recognition form END002).

I confirm I have completed a log book entry. Suggested wording *"(name) has satisfactorily completed a BFR IAW the RAAus Flight Operations Manual"* then Examiner signature, member number and date).

Examiner Signature _____ Date _____

Name _____ Membership number _____

Name of Flight Training School _____

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