

PERSONAL DETAILS:

Membership Number	Date of birth	
Last name		
Given names		
Residential address <i>(Only complete if change of address is required on RAAus database)</i>		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Phone (M)	(H)	
Email		
Occupation		
Emergency contact name/phone number		

Applicant Declaration

I, _____ Member Number _____

agree that this flight review has been carried out in accordance with the requirements of Section 2.07 of the RAAus Operations Manual. My health standard is equivalent to that required for the issue of a private motor vehicle driver's licence in Australia.

NOTE: If your current medical status includes: epilepsy; diabetes (Type 1 or 2); a heart condition / disease or paralysis; mental illness (medicated or otherwise); or becoming 75 years of age or older, you must supply a medical statement from your doctor confirming you meet the health standard equivalent to a motor vehicle driver licence. This is outlined in Section 2.16 paragraphs 2 (a) and (b) of the RAAus Operations Manual.

Signature	Date
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This section to be filled out by RAAus Examiner and faxed, mailed or emailed by the Examiner to RAAus upon completion

Practical Demonstration	<input type="checkbox"/> Review conducted IAW the requirements of Section 2.07, paragraph 5 of the Operations Manual and the Examiner is satisfied the PIC is competent in, but not limited by, the following areas: controlled airspace requirements and avoidance, fuel management and planning, current regulatory and procedural changes, and overall aeronautical knowledge	
	<input type="checkbox"/> Single seat BFR conducted	
Documentation	RAAus membership expires on: Date <input type="text"/> <input type="checkbox"/> Checked that correct endorsements are held (if not, supply appropriate evidence and/or recognition forms) <input type="checkbox"/> Entry made into pilot log book and signed (e.g. "(name) has satisfactorily completed a BFR IAW Section 2.07 of RAAus Operations Manual" then Examiner signature, member number and date)	
BFR conducted on	<input type="checkbox"/> Weight Shift Aircraft <input type="checkbox"/> Three Axis Aircraft <input type="checkbox"/> Powered Parachute	Aircraft Type <input type="text"/> Aircraft Reg <input type="text"/>

Examiner name	Membership Number
Signature	Date
Name of Flight Training School	

Revised September 2015