

PERSONAL DETAILS

Membership number		Date of birth
Last name	Given names	
Residential address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Phone (M)	Phone (H)	Phone (B)
Email	Occupation	
Emergency contact name		Phone

APPLICATION AND DECLARATION:

I, _____, Member Number _____ agree that this renewal has been carried out in accordance with the requirements of the RAAus Operations Manual.

I apply for the renewal of

Instructor
 Senior Instructor
 CFI Approval
 DCFI Approval
 PE Approval

I have a current CASA Class 2 Medical Certificate or equivalent (copy attached) and I am able to understand and carry out instructions given in the English language.

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

Signature	Date
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To be completed by the RAAus Examiner (Refer RAAus Operations Manual)

Renewal appropriate for: Aircraft Group

A Three Axis Aircraft
B Weight Shift
D Powered Parachute

Member Name	Membership Number
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Practical and Documentation

In Accordance With (I.A.W.) the RAAus Operations Manual, the applicant has:

- Demonstrated required competency for all aircraft groups, endorsement and performance categories applied for and held by applicant.
- Passed relevant Check Flight/s

Flight Check conducted in: Aircraft Type	Aircraft Registration
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- Ground Theory Component satisfactory Log book entry made and signed, hours recorded true and correct
- Current Medical **sighted** by Examiner, **copy attached** (Class 2 or RAAus equivalent) if required

Aeronautical Experience (Hours)

Total (all aircraft)	Total Instructing (RAAus Instructor only)	Total RAAus

Certification

I certify that the applicant is at an appropriate standard for renewal of their:

- Instructor
- Senior Instructor
- CFI Approval
- DCFI Approval
- PE Approval

In accordance with the requirements of the RAAus Operations Manual, I also certify that this renewal has been conducted in accordance with the relevant Civil Aviation Orders, Civil Aviation Regulations, any relevant legislation and the RAAus Syllabus of training as specified in the RAAus Operations Manual. 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	