

## 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:

I hereby apply for the issue of a Pilot Certificate.

I certify I am able to understand and carry out instructions given in the English language and 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 an annual 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.

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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Examiner name	Membership number
Signature	Date
Name of Flight Training School	

## PAYMENT DETAILS (to be completed by applicant)

Payment method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order <small>(made payable to Recreational Aviation Australia Ltd)</small>
Card number:			Expiry date:
Cardholder's name:			CCV:
Signature:			Date:
Authorised amount: Fee of \$49 includes Pilot Certificate Issue, 3 Axis/Weightshift/PPC, nose wheel and/or tail wheel, human factors training, radio operator* (*and any other endorsement completed at time of issue). Future endorsements obtained will be subject to fees in accordance with the RAAus schedule of fees and charges.			\$49.00

Member Name	Membership Number
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**To be completed by the RAAus Examiner (Refer RAAus Operations Manual)**

**Aircraft Group and endorsements:**

- Three Axis     
  Weight Shift     
  Powered Parachute

**Endorsements:**

- Human Factors     
  Radio Operator     
  Other endorsement/s \_\_\_\_\_

**Practical and Documentation**

In accordance with the RAAus Operations Manual, the applicant has:

- Demonstrated required competency     
  Completed Flight Time Requirements  
 Passed relevant Flight Test / Check     
  Ground Theory / Exams completed  
 Log book entry made and signed, hours recorded true and correct  
 Examiner satisfied all areas of syllabus have been taught, including Human Factors training

Flight Check conducted in: Aircraft Type	Aircraft Registration
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**Aeronautical Experience (Hours)**

Total Command RAAus hours	Total Dual RAAus aircraft	Total (all aircraft)

**Certification**

I certify that I have tested this applicant and believe that having been trained on:

- Nose Wheel Aircraft     
  Tail Wheel Aircraft

That they are at a standard required for the issue of a Pilot Certificate.

In accordance with the requirements of the RAAus Operations Manual, I also certify that they have been trained in accordance with the relevant Civil Aviation Orders, Civil Aviation Regulations, any relevant legislation and the RAAus Syllabus and 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.

<b>Examiner name</b>	<b>Membership Number</b>
<b>Signature</b>	<b>Date</b>
<b>Name of Flight Training School</b>	