

**BRITISH GLIDING ASSOCIATION**

**FOR OFFICIAL USE ONLY**

**BGA INSTRUCTOR RATING RENEWAL**

(renewals of lapsed ratings only – not for revalidation or new instructor ratings)

Please complete the form in clear block capitals using dark ink and submit to the BGA office

**Payment** – The instructors club will be invoiced for the renewal fee

**Confirmation** – BGA confirmation of rating renewal will be given by email

Date Received

**1. APPLICANTS PERSONAL PARTICULARS**

Applicants BGA Reference Number (if known) .....

Title.....Surname.....

Forenames.....Nationality.....

Date of Birth.....Place of Birth.....

Postal Address.....

.....

Post Code.....Email Address.....

Tel No.....Mobile No.....

Preferred contact method – email or letter? .....

BGA Club.....

**2. MEDICAL FITNESS – NPPL MEDICAL DECLARATION OR OTHER MEDICAL STATUS CURRENTLY HELD**

**Please tick -** NPPL Group 1 ( ) NPPL Group 2 ( ) JAR Class 1 ( ) JAR Class 2 ( )

**3. RATING BEING RENEWED – please tick one box only**

<b>Basic Rating</b> 1,2,3,4,5,6,7		<b>Assistant Rating</b> 1,2,3,4,5,6,7		<b>Full Rating</b> 1,2,3,4,5,6,7	
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**4. APPLICANTS FLYING EXPERIENCE DECLARATION**

I certify that I have the minimum experience in the previous 12 months required of all BGA instructors and as described in the current edition of BGA Laws and Rules under 'Instructor Standards'.

I certify that the date of my most recent 5 year check was.....

and therefore my next five year check is due on.....

Signed.....Surname.....

Date.....BGA Reference No.....

**5. RENEWAL CERTIFICATE - to be completed by the approved BGA examiner**

I certify that.....satisfies the renewal requirement and I recommend that the applicants **Basic / Assistant / Full** rating (*delete as required – only one rating may be applied for on this form*) should be renewed by the BGA..

Signed.....Surname.....

Date.....BGA Reference No.....

**6. CFI RATING RENEWAL DECLARATION - to be completed by the applicants BGA CFI**

I recommend this renewal of a **Basic / Assistant / Full** rating(*delete as required*)

Signed.....Surname.....

Date.....BGA Reference No.....

**7. APPLICANTS RATING RENEWAL DECLARATION**

I certify that the particulars on this form are correct to the best of my knowledge and belief. I understand the privileges and limitations of the rating and my personal responsibilities including medical fitness and currency.

Signed.....Surname.....Date.....