

**BRITISH GLIDING ASSOCIATION**

**FOR OFFICIAL USE ONLY**

**BGA AEROBATIC INSTRUCTOR INITIAL ISSUE**

(the applicant must hold an Assistant or Full instructor rating)

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

**Payment** - Please use the attached payment form.  
Current fees are on the BGA website [www.gliding.co.uk](http://www.gliding.co.uk)

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. TEST RECORD (Examiner to sign, delete or add as required)**

Figure	Date	Aerobatic Examiner Name and Initials	Aerobatic Examiner Signature
½ Roll			
Slow Roll			
Inverted Turn			
Half Cuban			
Half reverse Cuban			
Stall Turn			
Half Flick			

**4. APPLICANTS DECLARATION**

I understand the privileges and limitations of the Aerobatic Instructor Rating  
 I understand the revalidation requirement for the Assistant or Full rating that I hold  
 I declare that to the best of my knowledge the information on this form is accurate

Name.....Signature.....Date.....

**5. CFI DECLARATION - to be completed by the applicants BGA CFI**

I understand the experience requirement as described in BGA Laws and Rules and hereby recommend this application.  
 I confirm that the applicant holds a valid BGA Assistant or Full instructor rating.

Name.....Signature.....

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

