

**BRITISH GLIDING ASSOCIATION**

**FOR OFFICIAL USE ONLY**

**BGA EXAMINER AUTHORISATION ISSUE/REISSUE OR RENEWAL**

Date Received

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

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

**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. APPLICATION** (please tick one box only)

This application is for;

|              |  |                |  |                |  |
|--------------|--|----------------|--|----------------|--|
| <b>ISSUE</b> |  | <b>REISSUE</b> |  | <b>RENEWAL</b> |  |
|--------------|--|----------------|--|----------------|--|

Of the following authorization; (please tick one box only)

|                            |  |                                       |  |
|----------------------------|--|---------------------------------------|--|
| <b>BGA FLIGHT EXAMINER</b> |  | <b>BGA FLIGHT INSTRUCTOR EXAMINER</b> |  |
|----------------------------|--|---------------------------------------|--|

**4. RECOMMENDATION BY BGA FLIGHT INSTRUCTOR EXAMINER (FOR FE AUTHORISATION) OR SENIOR FLIGHT INSTRUCTOR EXAMINER (FOR FIE AUTHORISATION)**

I confirm that the applicant .....(name) has met the criteria as defined in the BGA Flight Examiner and Flight Instructor Examiner Standards Document. Where required, I confirm that the applicant has completed the required BGA course/seminar.

I recommend the issue / reissue / renewal (please delete as required) of a (delete one);

**BGA Flight Examiner Authorisation**

**BGA Flight Instructor Examiner Authorisation**

Date of Course.....Location.....

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

**5. APPLICANTS DECLARATION**

I certify that I have the required gliding experience to hold the authorisation I am applying for as published in the current edition of BGA Laws and Rules and the BGA Flight Examiner and Flight Instructor Examiner Standards Document

I understand the privileges and limitations of the Examiner authorisation I am applying for, and that those privileges can only be exercised on receipt of a valid BGA Examiner authorisation certificate issued by the BGA.

I understand that a BGA Examiner authorization is valid for 3 years and requires the Examiner to hold a valid BGA Instructor Rating

I declare that to the best of my knowledge the information on this form is accurate

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

