

<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">BRITISH GLIDING ASSOCIATION</div> <p style="margin-top: 20px;">BGA INSTRUCTOR RATING RENEWAL (renewals of lapsed ratings only – not for revalidation or new instructor ratings)</p> <p>Please complete the form in clear block capitals using dark ink and submit to the BGA office</p> <p>Payment – The instructors club will be invoiced for the renewal fee Confirmation – BGA confirmation of rating renewal will be given by email</p>	<p style="font-weight: bold; margin: 0;">FOR OFFICIAL USE ONLY</p> <p style="margin-top: 20px;">Date Received</p>
1. APPLICANTS PERSONAL PARTICULARS	
<p>Applicants BGA Reference Number (if known)</p> <p>Title.....Surname.....</p> <p>Forenames.....Nationality.....</p> <p>Date of Birth.....Place of Birth.....</p> <p>Postal Address.....</p> <p>.....</p> <p>Post Code.....Email Address.....</p> <p>Tel No.....Mobile No.....</p> <p>Preferred contact method – email or letter?</p> <p>BGA Club.....</p>	
2. MEDICAL FITNESS – NPPL MEDICAL DECLARATION OR OTHER MEDICAL STATUS CURRENTLY HELD	
<p>Please tick - NPPL Group 1 () NPPL Group 2 () JAR Class 1 () JAR Class 2 ()</p>	

3. RATING BEING RENEWED – please tick one box only

Basic Rating 1,2,3,4,5,6,7		Assistant Rating 1,2,3,4,5,6,7		Full Rating 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 TEST CERTIFICATE - to be completed by the approved BGA examiner

I certify that.....has satisfactorily completed a rating test in accordance with the approved syllabus, 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.....