



Application for issue or extension of BGA Inspector Maintenance Authorisation

(see relevant AMP for details)

		BGA Inspector Number I/ /			
Title:	First Name:	Second Name and Initials:			
Surname:		Date of Birth (dd/mm/yyyy):			
Home address:					
Postcode:					
Email address:		Telephone:			
		Mobile			
Your home BGA club:					
Is this an initial issue <input type="checkbox"/> or an extension to existing Authorisation <input type="checkbox"/>					
BGA Inspector Ratings – full details in BGA Airworthiness Exposition Tick relevant box(s)					
GL	<input type="checkbox"/>	Glider Inspector (AF)	WR	<input type="checkbox"/>	Wooden Airframe Repair
MR	<input type="checkbox"/>	Metal Airframe Repair	CR	<input type="checkbox"/>	Composite Airframe Repair
SS	<input type="checkbox"/>	Self Sustainer Sailplane Engine	MG	<input type="checkbox"/>	Powered Sailplane & Motor Glider
TG	<input type="checkbox"/>	Tug Inspector	ST	<input type="checkbox"/>	Senior Tug Inspector
EP	<input type="checkbox"/>	Electric Powerplant	RE	<input type="checkbox"/>	Radio Engineer
CE	<input type="checkbox"/>	Chief Engineer/ARC signatory	JP	<input type="checkbox"/>	Jet Powerplant
CM	<input type="checkbox"/>	Component Maintenance	EO	<input type="checkbox"/>	Engine Inspection and Repair
DU	<input type="checkbox"/>	Duplicate Inspections Only			
Employer and/or profession:					
Training and Qualifications applicable to ratings applied for:					
<p>Please bring applicable certificates to interview. Please see additional information required for new applicants.</p>					

General experience			
From	To	Name of company, club etc and type of work demonstrating a minimum of four years in applicable maintenance or continued airworthiness:	Confirmed by

Please attach worksheets detailing work experience for the ratings applied for.

BGA 220 PER may be used or other suitable format.

Additional information required by new applicants (Biographical Data)

Basic training (Vocational training, Further education etc):

Type and specialised training (Specific to aircraft maintenance and continued airworthiness):

Recurrent training (Inspector seminars, continuation training, Human Factors training):

Nominations – initial applications. By signing below, I confirm the following:
 I consider the applicant to have sufficient technical knowledge, skills and applicable work experience to be granted a BGA Inspector authorisation. I have reviewed the work experience details submitted to support this application.
 I also consider the applicant to be suitable in all other respects to be a BGA Authorised inspector.

Note - at least one signatory must be a current BGA inspector.

Name _____ BGA Authorisation No _____

Signature _____ Date _____

Name _____ BGA Authorisation No _____ (if applicable)

Signature _____ Date _____

All applicants;

Other supporting information:

Venues for interview – Leicester preferred or elsewhere by arrangement.

Interview Location:

Please note: during the interview you will be required to show a photographic form of identity (Passport)

Signature of Applicant:

Initials:

Date:

BGA Use Only

Interview completed by _____ Date _____

CTO use only:

Authorisation / ratings approved _____

Signed _____ Date _____

Please send the completed form to:
 British Gliding Association, 8 Merus Court, Meridian Business Park, Leicester, LE19 1RJ

Please do not send any fees at this stage.