## **BRITISH GLIDING ASSOCIATION**

# FOR OFFICIAL USE ONLY

#### Date Received

### **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 by post or by email <a href="mailto:office@gliding.co.uk">office@gliding.co.uk</a>

**Payment** - Please use the attached payment form. Current fees are on the BGA website

1. APPLICANTS PERSONAL PARTIC	CULARS	
Title	Surname	
Forenames	Nationality	
Date of Birth	Place of Birth	
Postal Address		
Post CodeEn	nail Address	
Tel No	Mobile No	
BGA Club		
3. CFI DECLARATION		
I certify that	holds a valid BGA Assi	istant/Full rating
Name	Signature	Date

3. TEST RECORD (Aerobatic 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				
I am satisfied that the applicant should be issued with a BGA aerobatic instructor rating.				
Name				
4. APPLICANTS DECLARATION				
I certify that I understand the privileges and limitations of the rating I am applying for as published in Laws and Rules.				
I understand that it is my responsibility to ensure that I meet the requirements necessary to maintain the validity of my instructor rating.				
The information supplied on this form is to the best of my knowledge correct.				
Signature Date				

#### 6. PAYMENT

All fees are payable in advance with the application Cheques must be payable to 'The British Gliding Association'

If paying by cheque, please enter the amount here £ \_\_\_\_\_

If paying by credit or debit card, please complete the following:

Card Holders Name (in full)	
Amount in £ sterling	£
Card No	
Expiry Date	/ Valid From/
Card Security No. (last 3 numbers)	
Address of Cardholder if different from applicant	
	Postcode:

Fees are detailed on the BGA website.