

Section 1 Purpose of Test and Control Type(s)

Initial Grant of a Microflight FE Authority

Renewal of a Microflight FE Authority (Lapsed by 3 years or more)

Control types: Weightshift Three axis Powered Parachute

Section 2 Applicant and Examiner details

Candidate's Name: _____ CAA Reference number: _____

Examiner's Name: _____ CAA Reference number: _____

Section 3 Location and date

Place of Assessment: Date: _____

Section 4 Observed GST Test report

1. Ground

- | | | |
|---|------|------|
| a. Document checks to establish eligibility for a GST | Pass | Fail |
| b. Pre-GST Briefing: Delivery, Content, Accuracy | Pass | Fail |

2. Flight

- | | | |
|---------------------------------------|------|------|
| a. Logical order of flight | Pass | Fail |
| b. All exercises included | Pass | Fail |
| c. Clear communication | Pass | Fail |
| d. No unsafe manoeuvres or situations | Pass | Fail |

3. Ground

- | | | |
|--|------|------|
| a. Post-GST De-Briefing: Delivery, Content, Accuracy | Pass | Fail |
| b. Judgement of GST result | Pass | Fail |
| c. Documentation and recording | Pass | Fail |

4. GST Ground Oral

- | | | |
|--------------------------------|------|------|
| a. Content and delivery | Pass | Fail |
| b. Judgement of result | Pass | Fail |
| c. Documentation and recording | Pass | Fail |

Section 5 Result

The candidate has demonstrated a satisfactory standard and I recommend that his application for FE Authorisation be supported by the Microflight Panel of Examiners.

The candidate has not demonstrated a satisfactory standard and I do not recommend that his application for FE Authorisation be supported by the Microflight Panel of Examiners.

Signed: Name: Date: