

MICROLIGHT EXAMINER APPLICATION FORM

Please complete the form in BLOCK CAPITALS using black or dark blue ink

1. APPLICATION DETAIL: I am applying for (tick appropriate box).	TO BE COMPLETED BY THE APPLICANT																									
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%; text-align: center;">Grant</th> <th style="width:10%; text-align: center;">Revalidation</th> <th style="width:10%; text-align: center;">Renewal (note 2)</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>Flying Instructor Examiner Authority</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>Flight Examiner Authority</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>GR Examiner Authority</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>R Examiner Authority</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>.....</td> </tr> </tbody> </table>		Grant	Revalidation	Renewal (note 2)		Flying Instructor Examiner Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flight Examiner Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GR Examiner Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Examiner Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renewals only, date expired
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2. PERSONAL DETAILS (fill in details).	TO BE COMPLETED BY THE APPLICANT
Surname Forename(s) Title Date of birth (dd/mm/yyyy) Permanent address Postcode Address for correspondence (if different from above) Telephone Number Alternative Telephone Email address: CAA Personal reference number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

3. LICENCE DETAILS (fill in details or tick appropriate boxes).	TO BE COMPLETED BY THE APPLICANT
Licence type: Number: Expiry date: Class ratings held: Microlight <input type="checkbox"/> Powered Parachute (PP) <input type="checkbox"/> Instructor ratings held: Microlight FI <input type="checkbox"/> Microlight FI(R) <input type="checkbox"/> PP FI <input type="checkbox"/> PP FI(R) <input type="checkbox"/> FIC Approval <input type="checkbox"/> Examiner Authorities held: R <input type="checkbox"/> GR <input type="checkbox"/> FE <input type="checkbox"/> FIE <input type="checkbox"/> Examiner number:	

4. FLYING EXPERIENCE.	TO BE COMPLETED BY THE APPLICANT
Total Microlight Flying hours: Total Microlight P1 hours: Total hours flown as an instructor: Flexwing: Fixed wing: Powered Parachute: Other Flying Experience Hours: Other hours flown as an instructor:	

5. EXAMINER TRAINING SEMINAR (FE initial applications only)	TO BE COMPLETED BY THE APPLICANT
Enter the date that you attended a BMAA Examiner Training Seminar, or enclose written confirmation from an FIE that you have completed one-to-one coaching and have been recommended as suitable for test: Date of seminar: or FIE confirmation attached: <input type="checkbox"/>	

6. SPONSOR ORGANISATION. TO BE COMPLETED BY THE APPLICANT

Organisation Name
Organisation Location
Applicant's position in organisation
Other Examiners at organisation
Name: Qualifications held:
Name: Qualifications held:

7. SUPPORTING INFORMATION TO BE COMPLETED BY THE APPLICANT

Please provide any further information to support your application. This information should demonstrate a need within the sponsor organisation; your personal reasons for wanting to become an examiner; any relevant previous experience or qualification that will demonstrate your capability to carry out the role of an examiner.

7. DECLARATION BY APPLICANT. TO BE COMPLETED BY THE APPLICANT

I declare that the information provided by me on this form is correct.
Name: Signature: Date:

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both. A Cancellation Charge may be applied as per the CAA Scheme of Charges when an application request has been cancelled by the CAA or the customer.

NOTES ON COMPLETION OF THIS FORM

- 1. This form should be completed as fully as possible for the application that is being made.
- 2. For an Initial application tick Grant. If you already hold the Examiner authority tick either Revalidation or Renewal as appropriate. (An Examiner Authority is Revalidated if it is current, or Renewed if it has expired.) Refer to Section 9.1 of the BMAA Microlight Instructor and Examiner Guide for Initial, Revalidation and Renewal application requirements.
- 3. Fees for Examiner appointments are published in the BMAA Instructor and Examiner Guide Appendix A and on the BMAA web site. www.bmaa.org.
- 4. Please send the form and all payments to: BMAA LIAC, Bullring, Deddington, Banbury. Oxfordshire. OX15 0TT. Cheques for CAA payment must be made payable to "Civil Aviation Authority" not CAA.

BMAA LIAC

Date received: BMAA fee received £: CAA fee received £:

Instructor rating checks: FI(R)/FI Current

Yes / No

Panel of Examiners Decision:

Recommendation to CAA:
(include any conditions applicable to authority)

Recommended by: Name Position

Signed: Date of recommendation: