# MICROLIGHT FLYING INSTRUCTOR COURSE INSTRUCTOR APPLICATION FORM

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

## 1. APPLICATION DETAIL:

I am applying for the grant of a Microlight Flying Instructor Course instructor Approval

## 2. PERSONAL DETAILS (fill in details).

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename(s)</th>
<th>Title</th>
<th>Date of birth (dd/mm/yyyy)</th>
<th>Permanent address</th>
<th>Postcode</th>
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</tbody>
</table>

Address for correspondence (if different from above) 

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Alternative Telephone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Email address: 

CAA Personal reference number [ ] [ ] [ ] [ ] [ ] [ ]

## 3. LICENCE DETAILS (fill in details or tick appropriate boxes).

<table>
<thead>
<tr>
<th>Licence type</th>
<th>Number</th>
<th>Expiry date</th>
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</table>

Class ratings held: Microlight [ ] Powered Parachute (PP) [ ] Other: [ ]

Instructor ratings held: Microlight FI [ ] PP FI [ ] Other: [ ]

Examiner Authorities held: R [ ] GR [ ] FE [ ] Examiner number: 

## 4. FLYING EXPERIENCE.

<table>
<thead>
<tr>
<th>Total Microlight Flying hours</th>
<th>Total Microlight P1 hours</th>
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<tbody>
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Total hours flown as an instructor: Flexwing: Fixed wing: Powered Parachute: 

Other Flying Experience Hours:

Other hours flown as an instructor:

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5. TRAINING ORGANISATION. TO BE COMPLETED BY THE APPLICANT

Organisation Name ……………………………………………………………………………………………………………………..

Organisation Location …………………………………………………………………………………………………………………

Applicant’s position in organisation …………………………………………………………………………………………………

Other FICI at organisation

Name: ………………………………………………. Qualifications held: …………………………………………………………….

Name: ………………………………………………. Qualifications held: …………………………………………………………….

6. 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. Fees for FIC selection interviews must accompany this application form.

3. Please send the form and payment to: BMAA LIAC, Bullring, Deddington, Banbury, Oxfordshire. OX15 0TT.

BMAA LIAC

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

Instructor rating checks: FI Current: [ ] Yes / No Recommendation as suitable last test: [ ] Yes / No

Interview date: ………………… Result of interview: ……………………………………………………………

Flight test date: ………………….. Result of flight test: ……………………………………………………………

Recommendation to CAA: …………………………………………………………………………………………………………
( include any recommendations applicable to the approval )

Recommended by: Name ……………………………… Position: …………………………………………………

Signed: ……………………………………………………………………… Date of recommendation: ……………