



APPLICATION FOR MICROLIGHT INSTRUCTOR

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT
It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICATION DETAIL:		To be completed by the Applicant
The grant of an Assistant Flying Instructor Rating		The grant of a Flying Instructor Rating
A Certificate of Test (Instructional Privileges)		FIC Approval

2. APPLICANT DETAILS	To be completed by the Applicant
<p>Title: Forename: Surname:</p> <p>Date of birth (dd/mm/yyyy): Nationality:</p> <p>Town of birth: Country of birth:</p> <p>Permanent Address:</p> <p>..... Postcode:</p> <p>Telephone: Mobile telephone:</p> <p>E-mail:</p>	

3. ADDRESS FOR CORRESPONDENCE (if different from above)	To be completed by the Applicant
<p>Postal Address:</p> <p>.....</p> <p>..... Postcode:</p>	

4. LICENCE DETAILS (fill in details and tick appropriate boxes)	To be completed by the Applicant
<p>Licence Type: Number: Expiry date:</p> <p>Class ratings held: Microlight <input type="checkbox"/> Powered Parachute (PP) <input type="checkbox"/></p> <p>Instructor ratings held: Microlight FI <input type="checkbox"/> Microlight AFI <input type="checkbox"/> PP FI <input type="checkbox"/> PP AFI <input type="checkbox"/> FIC <input type="checkbox"/></p> <p>Examiner Authorities held: R <input type="checkbox"/> GR <input type="checkbox"/> FE <input type="checkbox"/> FIE <input type="checkbox"/></p>	

5. INSTRUCTIONAL HOURS (fill in details as appropriate) To be completed by the Applicant			
Instructors applying for a Certificate of Test should only enter the instructional hours flown since their last test. In all other cases put total instructional hours.			
A/C Type	Day	Night	Total
Microlights		Not applicable	
SEP/SSEA			

5a. PRE-COURSE EXPERIENCE (fill in details as appropriate) To be completed by the Applicant				
	Pilot in Command (PIC)	PIC on type to be used in course. Fixed Wing/Flexwing	Dual Total Time	Dual Total Time
Microlight				
SEP/SSEA		Not applicable		
Other		Not applicable		

5b. PRE-ENTRY EXAMINATION (fill in details as appropriate) To be completed by FIC INSTRUCTOR				
I certify that the applicant has sat the pre-entry examination, the result(s) of which (Pass or Fail) are shown below.				
Exam date	Set no.	% Mark.	Examiner's signature	CAA Ref. no.

5c. PRE-ENTRY FLIGHT TEST (fill in details as appropriate) To be completed by FIC INSTRUCTOR	
Name of person conducting test:	
Date of flight test: Signature:	
Instructor reference number: FIC School:	

6. APPROVED COURSE CERTIFICATE TO BE COMPLETED BY FIC INSTRUCTOR	
I certify that: has satisfactorily completed an approved course of flight and ground training in accordance with the Microlight AFI syllabus as approved by the Civil Aviation Authority comprising:	
Flight Training Hours: Minutes: in aircraft	
Ground Training Hours: Minutes: Date:	
Name of FIC Instructor: Signature:	
FIC reference number: FIC School	

7. DECLARATION OF APPLICANT To be completed by the Applicant		
I declare that the information provided on this form is correct		
Name:	Signature:	Date:

8. FLIGHT TEST REPORT TO BE COMPLETED BY AN EXAMINER OF FLYING INSTRUCTORS

Candidate's Name.....

Part A: Pre-flight Brief		AA Pass	Pass	Fail	Remarks
A	Content				
B	Visual Presentation				
C	Technical Accuracy				
D	Clarity of Explanation				
E	Clarity of Speech				
F	Instructional Technique				
G	Use of Models and Aids				
H	Student Participation				

Part B: Flight					
J	Content of Demonstration				
K	Arrangement of Demonstration				
L	Synchronisation of 'Patter'				
M	Student Participation				
N	Correction of Faults				
O	Aircraft Handling				
P	Positioning, Use of Airspace				
Q	General Airmanship				

Part C: Other Flight Exercises					
EX no					
EX no					
EX no					
EX no					
EX no					

Part D: Ground Oral					
G1	Teaching, Learning, Admin				
G2	Law, Rules and Procedures				
G3	Aviation Navigation				
G4	Aviation Meteorology				
G5	Principles of Flight				
G6	Airframes and Engines				
G7	Instruments				
G8	Airworthiness documentation				
G9	Specific Type				
G10	First Aid and Safety Equipment				
G11	Human Performance and Limitations				

FIC applicants only					
Lecture Subject				
Pass		Remarks:			
Fail				

Test Details					
Date		A/C Type		A/C Reg.	
Place		Flight Time		Ground Time	
Cloud		Visibility		Weather/ Turbulence	

9. EXAMINER'S CERTIFICATE (tick as appropriate)
TO BE COMPLETED BY AN EXAMINER OF FLYING INSTRUCTORS

I have tested the candidate to the schedule in Section 8. The result of the test is:

- Pass: Graded as: Pass Above Average Pass
- Partial Pass: The candidate has failed on:
- Fail: An FCL 252/254 (CAA form 1159) has been issued (copy enclosed)

Further training recommended with an FIC Instructor before re-test:
 Flight Training hours recommended: Ground Training hours recommended

The candidate's suitability for FIC Approval or PPL/FI Examiner Authority is:

- | | | | |
|--------------|-----------------------------------|-------------------------------------|---------------------------------------|
| FIC Approval | Suitable <input type="checkbox"/> | Unsuitable <input type="checkbox"/> | Not Assessed <input type="checkbox"/> |
| PPL Examiner | Suitable <input type="checkbox"/> | Unsuitable <input type="checkbox"/> | Not Assessed <input type="checkbox"/> |
| FI Examiner | Suitable <input type="checkbox"/> | Unsuitable <input type="checkbox"/> | Not Assessed <input type="checkbox"/> |

Rating Revalidation:

I have signed a Certificate of Test on the candidate's Instructor Rating as follows:

Date of Test: Aircraft type:

Rating Issue:

I recommend that the candidate be issued with:

- An Assistant Flying Instructor Rating Microlights Fixed Wing Microlights Flexwing
- A Microlight Flying Instructor Rating

Examiner's name: Signature:

Examiner's number: Date:

Documents to be submitted	For CAA use
• Training Records for initial	
• A copy of national ID card or Passport	
• Copy of work permit (For foreigners)	
• 2 Stamp size photographs (taken within previous six months)	
• Copy of the Payment receipt	
Following additional requirements shall be submitted in the case of loss of licence	
• A police report	
• Photocopy of the Licence (if available)	
For CAA use	
Date of Issue:	Remarks:
Checked by:	
Loaded by:	
Signed by:	