

FORM B14 SPORT & RECREATION MICROLIGHT PILOT CERTIFICATE – FLIGHT TEST PREPARATION

01/07/14

SURNAME:	FIRST NAMES:	AGE (17 Min)
HOLDS A CURRENT CLASS 2 MEDICAL CERTIFICATE ISSUED UNDER PART 67 BY THE DIRECTOR		Yes <input type="checkbox"/> No <input type="checkbox"/> EXPIRES:
HOLDS A CURRENT SPORT & RECREATION MICROLIGHT PILOT MEDICAL CERTIFICATE		Yes <input type="checkbox"/> No <input type="checkbox"/> EXPIRES:

HOLDS AT LEAST A PPL ISSUED UNDER PART 61 SUBPART D	Yes <input type="checkbox"/> No <input type="checkbox"/>	EXPIRES:
---	--	----------

OR HAS COMPLETED THE FOLLOWING:

EXPERIENCE :	Total Time (50):		Dual Instruction (15):		
	Pilot in Command (15):		Advanced Dual (5):		
	Pilot Navigation (10):		Dual (5):	Solo (5):	
	Navigation Training Certified By:		Flight Instructor Cat.		
KNOWLEDGE	Examination Credits all held Yes <input type="checkbox"/> No <input type="checkbox"/>		PPL Air Law Valid Until:/...../..... (max 5 yrs)		

ASSESSMENT COMPLETED BY: (MICROLIGHT FLIGHT EXAMINER)

CLIENT NUMBER: DATE:

Following successful completion of a Flight Test the Microlight Flight Examiner may need to place restrictions in the candidates logbook.

RESTRICTIONS: