NPPL Microlight Powered Parachute Class Rating Application Checklist	With Operational Limitations	Without Operational Limitations	Removal of Operational Limitations
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FORM	1 102 PP SECTION 1: APPLICATION DETAIL			
1	The applicant has indicated the type of application i.e. with or without restrictions, additional rating, removal of restrictions	Yes / No	Yes / No	Yes / No
FORM	I 102 PP SECTION 2: PERSONAL DETAILS			·
2	CAA Personal reference number, if known, has been entered.	Yes / No	Yes / No	Yes / No
3	The name on the application is identical to that on the Medical Certificate and Logbook	Yes / No	Yes / No	Yes / No
4	The applicant was at least 16 years old before his/her 1 st solo flight	Yes / No	Yes / No	Yes / No
5	The applicant's nationality has been entered.	Yes / No	Yes / No	Yes / No
6	The applicant's date, place and countRy of birth have been entered.	Yes / No	Yes / No	Yes / No
7	The applicant's full postal address and email address has been entered.	Yes / No	Yes / No	Yes / No
	I 102 PP SECTION 3: PARTICULARS OF APPLICANT'S MI PPLIED FOR	EDICAL CERTIFICATI	ION AND ANY PILOT	S LICENCES HELD
8	Particulars of any licence or rating held for which credit is sought have been entered	Yes / No	Yes / No	Yes / No
FORM	I 1 102 PP SECTION 4: FLYING EXPERIENCE IN MICROLIGI	I IT AEROPLANES and	d COURSE CERTIFICA	ATE
9	The total number of hours under training meet the minimum requirements for the rating sought. (4.1)	4	15	15 total flight time
10	The total number of hours as pilot-in-command meet the required minimum. (4.2)	1	6	6
11	The total number of hours as pilot-in-command in the preceding 24 months meet the required minimum. (4.3)	1	6	3 navigation training
12	The total hours undergoing navigation training conducted by a flying instructor in the last 24 months meet the required minimum. (4.4)	N/A	5	5 navigation training
13	The total hours as pilot-in-command undergoing navigation training conducted by a flying instructor in the last 24 months meet the required minimum. (4.5)	N/A	3	3 navigation training
14	The number of take-offs and landings meet the requirements (4.6 & 4.7)	Total 25 / Solo 6	Total 25 / Solo 6	N/A
15	The dates of the two qualifying cross country flights, flown in the last 24 months, have been entered and match the entries in the applicant's logbook. (4.6)	N/A	Yes / No	Yes / No
16	The Chief Flying Instructor has completed the course certificate confirming that the hours and cross country dates are correct	Yes / No	Yes / No	Yes / No
FORM	I 102 PP SECTION 5: GROUND EXAMINATIONS RECORD	·		1
17	Within the 24 month period preceding the date of the application, the applicant passed the ground examinations and the set number was current at the time and each has been signed individually by the examiner.	Yes / No	Yes / No	N/A
18	Within the 9 month period preceding the date the of the application, the applicant passed the Technical (Type Ground Oral) examination conducted by a Microlight Flight Examiner	Yes / No	Yes / No	N/A
FORM	I 102 PP SECTION 6: GENERAL SKILLS TEST	<u>'</u>	<u>'</u>	,
19	The Examiner has completed the details of Applicant, Aircraft, Place of Test and Duration of Test	Yes / No	Yes / No	N/A
20	All parts of the GST were passed within a 28 day period and within 9 months of the application being received in the BMAA office	Yes / No	Yes / No	N/A

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Appin	CATION Checkinsi			
21	The Examiner has completed the Certification with their personal details	Yes / No	Yes / No	N/A
22	The GST was conducted by a Flight Examiner current at the time of the flight test. Check expiry date of Examiner Authority	Yes / No	Yes / No	N/A
FORM	 102 PP SECTION 7: APPLICANT'S DECLARATION			
23	The applicant has signed and dated the declaration	Yes / No	Yes / No	Yes / No
APPL	ICANT'S LOGBOOK			
24	The applicant has maintained a Personal Flying Logbook in which is recorded in ink their name and address and details of each flight as required by law	Yes / No	Yes / No	Yes / No
25	The Logbook has the following exercises from the Training Syllabus, relevant to the type of application aircraft:	Yes / No	Yes / No	Yes / No
	1 2 3 4 5 6 7 8 9a 9b 10a 10b 11 12 13	163/110	163/140	163/110
26	14 15 16a 16b 17a 17b 17c 18			
26	The Logbook has been certified correct by the Chief Flying Instructor at the end of the applicant's course with the words: "Entries from (date) to (date) certified correct" Signed	Yes / No	Yes / No	Yes / No
2000	and dated.			
27	Photocopy of the applicant's Passport or Picture Driving	l l		I
	Photocopy of the applicant's Passport or Picture Driving Licence or Birth Certificate. Copy certified by their Flying Instructor as a true copy using the words "I certify that this is a true copy of the identification provided'.	Yes / No	Yes / No	Yes / No
MEDI	CAL			
28	The medical certificate is valid for the application and indicates Group 1 or Group 2 if applicable	Yes / No	Yes / No	Yes / No
PAYN	MENT			
29	Payment is correct (see BMAA charges) CAA payments by cheque must be made out to "Civil Aviation Authority" not "CAA"	Yes / No	Yes / No	BMAA Fee
ENCL	OSURES TO BE SENT WITH APPLICATION			
30	Form 102 PP fully completed	Yes / No	Yes / No	Yes / No
31	Personal Flying Logbook	Yes / No	Yes / No	Yes / No
32	Original Medical Declaration or Certificate (not a copy)	Yes / No	Yes / No	Yes / No
33	Any existing Licenses / Certificates for which credit is sought or from which limitations are to be removed	Yes / No	Yes / No	Yes / No
34	Certified proof of identity	Yes / No	Yes / No	Yes / No
35	Payment	Yes / No	Yes / No	N/A
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ALL APPLICATIONS TO BE SENT TO:

British Microlight Aircraft Association, The Bullring, Deddington, Banbury, Oxfordshire, OX15 0TT