

GLIDER INSTRUCTOR RATING & GROUND SCHOOL APPLICATION FORM

Candidate data

Name: Mailing address:

Postal code:			
Phone & email address:			
Club:			
Reason for course attendance:	new:	renew:	upgrade Instructor:
rating request: 1 2 3	3		
Medical exam date on licence valid	ation cert:		
TC file #			
TC medical category 1:	2:	3:	
TC licences held glider: PP	'L:	other:	

Please forward me the Text Books for the ground school. YES: NO:

Flight experience

Total glider:	hrs:	flts:
Glider instructor:	hrs:	flts:
Power pilot:	hrs:	
Power instructor	hrs:	
FAI badges:		Other experience:

Club CFI declaration

I have flown with the candidate and certify that the above data is correct and that he/she is eligible to attend the indicated course or receive the requested rating.

CFI name: TC licence #: CFI email address: