

# Ab initio Pilot Certificate Initial Issue (RPC001)

Note: This form is to be used for **ab initio students** solely trained under RAAus. If the applicant wishes to recognise any previous aeronautical experience or qualifications use Form **RPC002**

## APPLICANT TO COMPLETE

### PERSONAL DETAILS

Surname	Given names	
Preferred name	Title	Date of birth
Membership Number	Membership Expiry	
Phone (H)	Phone (M)	Phone (B)
Residential address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Email	Occupation	
Emergency contact name	Number	

### APPLICANT'S DECLARATION AND SIGNATURE

I certify I am able to understand and carry out instructions given in the English language and my health standard is equivalent to that required for the issue of a private motor vehicle driver licence in Australia.

I understand if I am 75 or older and/or if I have any of the following conditions: Epilepsy, Diabetes, Heart condition/disease or paralysis, Mental illness (medicated or otherwise) or any other medically significant safety related condition, I must not exercise the privileges of a pilot certificate or act as pilot in command until I have provided to RAAus a statement from my doctor (GP) confirming I meet the health standard equivalent to that required for the issue of a private motor vehicle driver licence in Australia.

I certify that I have not had an authorisation varied, suspended or cancelled, other than at my request, from any other sport aviation body, CASA or the national aviation authority of a foreign county.

I certify that the flight and theory instruction provided to me regarding this application meets the requirements of the RAAus Flight Operations Manual and Syllabus of Flight Training.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Details and Tax Invoice

Authorised amount: Fee of \$54 includes Pilot Certificate Issue, 3 Axis/Weightshift Microlight/PPC, nose wheel and/or tail wheel, human factors training, radio operator\* (\*and any other endorsement completed at time of issue). Future endorsements obtained will be subject to fees in accordance with the RAAus schedule of fees and charges.

**TOTAL AUTHORISED PAYMENT AMOUNT: \$54**

Payment method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order (payable to Recreational Aviation Australia Ltd)
Card number:	Expiry date:	CCV:	
Cardholder's name:	Signature:		

# Ab Initio Pilot Certificate Issue (RPC001)

## EXAMINER TO COMPLETE

Applicant Name	Applicant Membership Number
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### To be completed by the RAAus Examiner (Refer RAAus Flight Operations Manual)

#### Issue appropriate for:

- Group A — Three Axis  
 Group B — Weightshift Microlight  
 Group D — Powered Parachute

#### Endorsements:

- Human Factors                       Radio Operator  
 Nose Wheel Aircraft               Tail Wheel Aircraft  
 Additional endorsement/s (please specify) \_\_\_\_\_

#### Flight Test:

Flight Test conducted in: Aircraft Type	Aircraft Registration	Flight Duration
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#### Aeronautical Experience (Hours)

Total Command RAAus aircraft	Total Dual RAAus aircraft	Total RAAus Aircraft only

## EXAMINER DECLARATION AND SIGNATURE

I certify the applicant has demonstrated the required competency for the practical and theoretical RAAus Syllabus of Flight Training requirements, including Human Factors training.

I certify the applicant has successfully completed all examination requirements, met flight time requirements and they have passed a flight test.

I certify the applicant has been trained in accordance with the requirements of the RAAus Flight Operations Manual, relevant Civil Aviation Orders, Civil Aviation Regulations, Civil Aviation Safety Regulations and the Civil Aviation Act 1988.

I confirm I have completed a log book entry and verified the hours recorded are true and correct.

Examiner name	Membership Number
Signature	Date
Name of Flight Training School	