



Sport Aviation Corp Ltd
 PO Box 10324 – Te Rapa – Hamilton 3241



Microlight Pilot Certificate Application

Personal Details

Surname: First names:

Postal Address:

Email:

Phone: Home:
 Fax:

Work:
 Mobile:

Application is made for the Certificate and Group Rating indicated below

Certificate Class	✓	Group Rating						Performance	
		A	B	C	G	H	P	Low	High
Novice Pilot									
Intermediate Pilot									
Advanced Pilot									
Passenger Rating									
Instructor - Provisional									
Instructor									
Commercial Pilot	TBA								

I presently hold the following Licence or Certificate: Type: Lic/Cert No: Expires on or Lifetime

Applicants Signature: Date:

Instructor's Confirmation

I confirm that the above applicant complies with all the requirements prescribed in the Procedures Manual for the Certificate applied for above

- SAC written exam passed
- Cross Country Flights 1 - 5 completed
- Flight Test carried out and passed
- Medical Declaration and Certificate valid

Date
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Logbook inspection shows – Microlight hours: Other hours:

Instructor's Signature: Cert No: