NPF	PL Powered Parachute Class Rating	With Operational Limitations	Without Operational Limitations	Removal of Operational Limitations				
App	lication Checklist	Lillitations	Limitations	Limitations				
FORM 102 M 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	1 102 M 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 <sup>st</sup> 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 address has been entered.	Yes / No	Yes / No	Yes / No				
FORM	1 102 M SECTION 3: PARTICULARS OF APPLICANT'S ME	DICAL CERTIFICATION	ON AND ANY PILOT'S	LICENCES HELD OR				
APPL	IED FOR							
8	Particulars of any licence or rating held have been entered	Yes / No	Yes / No	Yes / No				
9	Radio Licence details, if held, are entered	Yes / No	Yes / No	Yes / No				
10	The date of the applicant's last medical examination has been entered and agrees with the medical certificate submitted	Yes / No	Yes / No	Yes / No				
11	The medical certificate is valid for the application and indicates Group 1 or Group 2 if applicable	Yes / No	Yes / No	Yes / No				
FORM	1 102 M SECTION 4: FLYING EXPERIENCE IN POWERED	PARACHUTES and Co	OURSE CERTIFICATE					
12	The total number of hours under training meet the minimum requirements for the rating sought. (4.1)	4	15	15 total flight time				
13	The total number of hours as pilot-in-command meet the required minimum. (4.2)	1	6	6				
14	The total number of hours as pilot-in-command in the preceding nine months meet the required minimum. (4.3)	1	6	3 (navigation training)				
15	The total hours undergoing navigation training conducted by a flying instructor in the last nine months meet the required minimum. (4.4)	N/A	5	5				
16	The total hours as pilot-in-command undergoing navigation training conducted by a flying instructor in the last nine months meet the required minimum. (4.5)	N/A	3	3 (navigation training)				
17	The number of take-offs and landings meet the requirements (4.6 & 4.7)	Total 25 / Solo 6	Total 25 / Solo 6	N/A				
18	The dates of the two qualifying cross country flights have been entered and match the entries in the applicant's logbook. (4.8)	N/A	Yes / No	Yes / No				
19	The Chief Flying Instructor has completed the course certificate confirming that the hours and cross country dates if applicable are correct	Yes / No	Yes / No	Yes / No				
FORM	1 102 M SECTION 5: GROUND EXAMINATIONS RECORD							
20	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:	Yes / No	Yes / No	N/A				
21	Within the 9 month period preceding the date the of the application, the applicant passed the Ground Oral examination conducted by a Microlight Flight Examiner	Yes / No	Yes / No	N/A				

	PL Powered Parachute Class Rating	With Operational Limitations	Without Operational Limitations	Removal of Operational Limitations				
App	olication Checklist							
FORM 102 M SECTION 6: GENERAL SKILLS TEST								
22	The Examiner has completed the details of Applicant, Aircraft, Place of Test and Duration of Test	Yes / No	Yes / No	N/A				
23	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				
24	The Examiner has completed the Certification with their personal details	Yes / No	Yes / No	N/A				
25	The GST was conducted by a Flight Examiner current at the time of the flight test	Yes / No	Yes / No	N/A				
FORM	// 102 M SECTION 7: APPLICANT'S DECLARATION							
26	The applicant has signed and dated the declaration	Yes / No	Yes / No	Yes / No				
APPL	ICANT'S LOGBOOK							
27	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				
28	The Logbook has the following exercises from the Training Syllabus, relevant to the type of application aircraft:							
	1 2 3 4 5 6 7 8 9a 9b 10a 10b 12 13	Yes / No	Yes / No	Yes / No				
29	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 and dated.	Yes / No	Yes / No	Yes / No				
BBOO	DF OF IDENTITY							
30	Photocopy of the applicant's Passport or Picture Driving Licence or Birth Certificate. Copy certified by their Flying Instructor as a true copy.	Yes / No	Yes / No	Yes / No				
PAYN	IENT							
31	Payment is correct (see BMAA charges) All cheques payable to the "Civil Aviation Authority" <b>not</b> "CAA"	Yes / No	Yes / No	N/A				
ENCL	OSURES TO BE SENT WITH APPLICATION							
32	Form 102 PP fully completed	Yes / No	Yes / No	Yes / No				
33	Personal Flying Logbook	Yes / No	Yes / No	Yes / No				
34	Medical Declaration or Certificate	Yes / No	Yes / No	Yes / No				
35	Any existing Licenses / Certificates for which credit is sought or from which limitations are to be removed	Yes / No	Yes / No	Yes / No				
36	Certified proof of identity	Yes / No	Yes / No	Yes / No				
37	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