Instructor Examiner

Advanced Flight Instructor Application Form



I NEW REGISTRATION I RENEWING REGISTRAT	Safe	ty through Education
Namelast	first	middle
Address		
City	State	Zip
Phone number () This is a 🖵 new (Will be used to refer BFI test applicants to you)	v address 🖵 new ph	one number. Please update my records.
Instructions 1. APPLICANT WILL COMPLETE AND SIGN RELEVANT PORTIONS OF THE APPLICATION. 2. APPLICANT WILL MAIL APPLICATION TO USUA. 3. APPLICANT WILL ATTEND, OR HAS ATTENDED SEMINAR INDICATED BELOW. 4. IF THIS IS A CONVERSION FROM ANOTHER RECOGNIZED ULTRALIGHT TRAINING PROGRAM, INCLUDE COPIES OF OF EXISTING AFI REGISTRATION VERIFICATION.	Condition In return for the terms: (INITIAL I freely and I, or seminar injury or instruction are true 2. To neve	ecertificate the applicant agrees to the following EACH CONDITION) and voluntarily assume the risks of ultralight flight r my heirs, promise to hold USUA and the USUA presenter listed on this application harmless for damage caused by my ultralight flying or on. I certify that all statements made on this form and correct.
ALL APPLICANTS COMPLETE-	usuA w as a res	with regard to any consequence which may occur sult of this action.
SEMINAR LOCATION:	 To abide by all federal, state, and local regulations pertaining to ultralight flying. To abide by the conditions and limitations of FAA 	
SEMINAR PRESENTER:	Exemption 4274. 5. To fulfill the responsibilities and requirements of the	
SEMINAR DATE:	6. To ope	tion being applied for. rate an ultralight only when no physical conditions at may interfere with safe piloting practices.
PLEASE ANSWER THE FOLLOWING QUESTIONS: ALL APPLICANTS COMPLETE- Hours ultralight	8. To exal Part 103 program Applicant Sigr	ort all accidents/incidents to USUA. mine instructor applicants in accordance with FAR 3, associated Advisory Circulars and USUA n requirements. nature
NEW APPLICANTS COMPLETE- BFIs trained and endorsed by you	A	No. / Exp. Date Date
NAME HOURS INSTRUCTION GIVEN FLIGHT GROUND		
/	*IMPOI	RTANT*
	MO ➤ CURF REC ➤ CURF	REGISTRATION TERM IS 24 NTHS (TWO YEARS) RENT BFI REGISTRATION IS QUIRED FOR AFI REGISTRATION RENT MEMBERSHIP IS REQUIRED R BFI AND AFI REGISTRATION
ALL APPLICANTS COMPLETE-		
STATEMENT OF MEDICAL FITNESS I, certify that I have no known physical defect which makes me unable to pilot a powered fixed wing ultralight vehicle. I further certify that if I become unable to safely operate an ultralight in flight that I will not conduct any operations unless and until such	TOSUA.	Training Safe Ultralight Pilots And Instructors For Over 20 Years
Applicant Signature Date	2	FAA Recognized Airmen Registration Program

0507 FOR OFFICE USE ONLY: Processing Date _ Mailing Date _