

# Ultralight Instructor

Basic Flight Instructor Registration Form

And Record of Testing

**FOR NEW APPLICANTS ONLY**

**RENEWING BFI'S USE RENEWAL FORM**



*Safety Through Education*

NAME \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ USUA NO. A \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Male ☐ Female

email \_\_\_\_\_

## Instructions for New BFI Registration

1. Applicant, BFI(s) and AFI complete and sign relevant portions of the application.
2. Include copy of FAA Fundamentals of Instruction test results, FAA CFI, or teaching certificate.
3. Include copy of current FAA Medical or sign the medical statement.
4. Mail all above with application fee to USUA.

## Please answer the following questions:

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

Eyesight. Do you have a distant visual acuity of 20/50 or better in one eye, without correction; or if your vision is poorer than 20/50 can it be corrected to 20/50 with corrective lenses? *(You may be qualified on the condition that you wear those corrective lenses while exercising USUA BFI privileges.)*  
\_\_\_\_ Yes \_\_\_\_ No

Can you speak, read and write the English Language?  
\_\_\_\_ Yes \_\_\_\_ No

Have you ever held airmen or vehicle registration through AOPA, USUF or USUA?  
\_\_\_\_ Yes \_\_\_\_ No

If so, registration # \_\_\_\_\_

Do you hold any certificates issued by the FAA \_\_\_\_ Yes \_\_\_\_ No?

Certificates Type \_\_\_\_\_

## Airman Activity Summary

Record Flight Time logged in single and two place **ULTRALIGHTS**

Total **Ultralight Flight Hours** \_\_\_\_\_

## 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 condition no longer exists.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## CONDITIONS

In return for the certificate the applicant agrees to the following terms: **(INITIAL EACH CONDITION)**

- \_\_\_\_ 1. I freely and voluntarily assume the risks of ultralight flight and I, or my heirs, promise to hold USUA and the USUA registered instructor(s) listed on this application harmless for injury or damage caused by my ultralight flying or instruction. I certify that all statements made on this form are true and correct.
- \_\_\_\_ 2. Never to bring suit or any legal action against the USUA with regard to any consequence which may occur as a result of this action.
- \_\_\_\_ 3. To abide by all federal, state, and local regulations pertaining to ultralight flying.
- \_\_\_\_ 4. To abide by the conditions and limitations of FAA Exemption 4274.
- \_\_\_\_ 5. To fulfill the responsibilities and requirements of the registration being applied for.
- \_\_\_\_ 6. To operate an ultralight only when no physical conditions exist that may interfere with safe piloting practices.
- \_\_\_\_ 7. To report all accidents/incidents requiring medical aid for the pilot or substantial repairs to the ultralight to USUA.
- \_\_\_\_ 8. To examine pilot applicants in accordance with FAR Part 103 and associated Advisory Circulars.

## Category/Class Designation

Include copies from your logbook, documenting a minimum 25 hours flown as Pilot In Command (PIC) in any **TWO PLACE** powered ultralight vehicle that you want to appear on your registration card. Mark below the make/model flown for the category and class requested. **FLIGHT TEST MAY BE REQUIRED**

Make/Model \_\_\_\_\_ Category /Class \_\_\_\_\_ Hours Per \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use the following three letter identifier for the two place ultralights listed above

Aerodynamic Control Land - ACL  
Aerodynamic Control Sea - ACS  
Powered Parachute - PPC

Weightshift Land - WSL  
Weightshift Sea - WSS  
Powered Paraglider - PPG

## Record of BFI Training

I certify that I, the applicant, have, the following hours of instruction in preparation for this BFI application :

**Dual flight instruction**      **Ground instruction**  
 \_\_\_\_\_ total hours      \_\_\_\_\_ total hours

## Record Of Fundamentals Of Instructing Written Test Results



Administering BFI Signature

BFI No. \_\_\_\_\_ BFI Exp. Date \_\_\_\_\_ Date \_\_\_\_\_

Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_

**OR**

☐ **Computer Testing Center Results**  
 Report attached

## BFI Examination Endorsement

I certify that I have given and/or verified that:

Mr./Ms. \_\_\_\_\_ the  
 required ground and flight instruction, including the  
 Fundamentals Of Instructing written test, for USUA Basic Flight  
 Instructor application and find him/her competent to pass a  
 written and practical test on each subject contained therein.

## BFI Signature

BFI No. \_\_\_\_\_ BFI Exp. Date \_\_\_\_\_ Date of Application \_\_\_\_\_



Training Safe Ultralight Pilots  
 And Instructors For Over 20 Years



FAA Recognized  
 Airmen Registration Program

*Ultralight flying is a potentially dangerous activity that can result in injury or death. EACH INDIVIDUAL PARTICIPANT, REGARDLESS OF EXPERIENCE, HAS FINAL RESPONSIBILITY FOR HIS OR HER OWN SAFETY. THE UNITED STATES ULTRALIGHT ASSOCIATION is a voluntary membership organization of the participants and supporters of ultralight aviation. USUA, AS A PRIVATE NON-REGULATORY ORGANIZATION WHICH HAS NO LEGAL AUTHORITY TO REGULATE OR CONTROL INDIVIDUALS OR CORPORATIONS, CANNOT BE HELD LIABLE FOR ANY FLIGHT OPERATIONS THAT RESULT IN INJURY OR DEATH TO ANY PARTY. All references by USUA to self-regulation refer to each individual person regulating or being responsible for him or herself. It is the responsibility of each student to ask whatever questions are necessary for him or her to have a thorough understanding of the actions and procedures that he or she must perform in order to make a safe flight. Each ultralight pilot has the responsibility to exercise certain practices and perform certain actions to maintain safety for himself or herself and for other people.*

PAYMENT (Payable on U.S. Bank in U.S. Funds)

☐ Check    ☐ Money Order    Credit Card No. \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Discover/MasterCard/VISA    Cardholder's Printed Name: \_\_\_\_\_

FOR OFFICE USE ONLY:    Fee \_\_\_\_\_    Processing Date \_\_\_\_\_    Mailing Date \_\_\_\_\_  
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## Record Of Written, Oral & Flight Exam

*A current AFI will complete and sign the following test results section.*

**Written Exam**      Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Series \_\_\_\_\_ Grade \_\_\_\_\_

**Oral Exam**      Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Flight Exam**      Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_

Make/Model Ultralight Used \_\_\_\_\_ Veh. Reg. No. \_\_\_\_\_

Category/Class: ☐ ACL ☐ ACS ☐ WSL ☐ WSS  
☐ PPC ☐ PPG

I certify that the above test results are true and correct and that the tests were given in accordance with established program procedures.

## AFI Signature

*IF AFI IS NOT REGISTERED WITH USUA, ATTACH COPY OF AFI CREDENTIALS WITH APPLICATION*

AFI No. / Exp. Date \_\_\_\_\_

Date \_\_\_\_\_

**USUA...**

**Was There For You Then...**

**Is Here For You Now...**

**Will Be There for You Tomorrow.**

## PAYMENT

☐ **BFI Registration- ONE YEAR ONLY \$100.00**

**\*\*\*IMPORTANT- READ THIS\*\*\***

**USUA MEMBERSHIP IS REQUIRED FOR  
 VALID BFI REGISTRATION.**

**MEMBERSHIP IS BILLED  
 SEPARATELY. RENEW YOUR  
 MEMBERSHIP ON TIME OR YOU WILL  
 LOSE BFI PRIVILEGES!**