

BRITISH MICROLIGHT AIRCRAFT ASSOCIATION

NATIONAL PRIVATE PILOT'S LICENCE (AEROPLANES) POWERED PARACHUTE RATING – APPLICATION

Please complete the form in block capitals using black or dark blue ink.

1. APPLICATION DETAIL: I am applying for (tick appropriate boxes).	TO BE COMPLETED BY THE APPLICANT
NPPL rated for Powered Parachutes	<input type="checkbox"/>
With operational limitations	<input type="checkbox"/>
Without operational limitations	<input type="checkbox"/>
The removal of operational limitations from a NPPL M PP or UK PPL M PP	<input type="checkbox"/>
The addition of a Powered Parachute Rating to a UK NPPL or UK PPL or JAA PPL	<input type="checkbox"/>

2. PERSONAL DETAILS (fill in details or tick appropriate boxes).	TO BE COMPLETED BY THE APPLICANT
Surname Forename(s)	
Title Date of birth (dd/mm/yyyy)	
Nationality Town and Country of birth	
Permanent address	
..... Postcode	
Address for correspondence (if different from above)	
.....	
Telephone Number Alternative Telephone	
Have you ever held a UK issued CAA or JAR licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever held a UK issued Radiotelephony Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever held a UK Issued Class 1, 2 ,or 3 medical certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered Yes above please state your CAA reference number or licence number	
CAA Personal reference number (if known)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

3. PARTICULARS OF APPLICANT'S MEDICAL CERTIFICATION AND ANY PILOT'S LICENCES HELD OR APPLIED FOR.				TO BE COMPLETED BY THE APPLICANT
(Include non-UK licences)				
Issuing Authority	Class	Licence No.	Expiry Date	
Radiotelephony Licence No. (if held)				
Date of last Medical (dd/mm/yyyy)				

4. FLYING EXPERIENCE IN POWERED PARACHUTES AND COURSE CERTIFICATE.		TO BE COMPLETED BY THE CHIEF FLYING INSTRUCTOR		
Details of training and experience required	Hours / number claimed	Qualifying Minima		
		With operational limitations	Without operational limitations	Removal of operational limitations
4.1 Total experience undergoing flying training in Powered Parachutes conducted by a qualified flying instructor		4	15	15 total flight time
4.2 Total flying experience as pilot-in-command of Powered Parachutes (excluding GST)		1	6	6
4.3 Total experience as pilot-in-command of Powered Parachutes in preceding nine months (excluding GST)		1	6	3 (navigation training)
4.4 Total experience undergoing flight navigation training conducted by a qualified flying instructor in preceding nine months		0	5	5
4.5 Total experience as pilot-in-command undergoing flight navigation training conducted by a qualified flying instructor in preceding nine months		0	3	3 (navigation training)
4.6 Total number of take-offs and full stop landings		25	25	N/A
4.7 Number of take-offs and full stop landings as solo pilot-in-command in preceding nine months		6	6	N/A
4.8 Dates of two solo qualifying cross country flights under the supervision of a flying instructor for applications for a NPPL without operational limitations or the removal of operational limitations from an existing licence		<div style="text-align: right; padding-right: 20px;">..... (dd/mm/yyyy)</div> <div style="text-align: right; padding-right: 20px;">..... (dd/mm/yyyy)</div>		
<p>I certify that has completed a course of flying and ground instruction for the National Private Pilot's Licence Powered Parachute Class Rating or removal of operational limitations (as applied for in Section 1 of this form) in accordance with the NPPL Microlight Powered Parachute Syllabus and that the hours and cross country flights recorded above are correct.</p> <p>The course started on and was completed on (dates)</p> <p>Signature Name (block letters)</p> <p>CFI at Club / School Date</p>				

5. GROUND EXAMINATIONS RECORD.				TO BE COMPLETED BY THE AUTHORISED EXAMINER(S)		
Subject	Date of Examination	Set No.	Percentage Mark (70% min. for pass)	Examiner's signature	Examiner's surname	CAA Examiner number
Aviation Law						
Human Performance						
Navigation						
Meteorology						
Aircraft (General)						
Aircraft (Type) (Ground Oral)		Pass / Fail* (*Delete as applicable)				

6. GENERAL SKILLS TEST.

TO BE COMPLETED BY THE FLIGHT EXAMINER

Name of Applicant:

Aircraft Type(s):	Registration:	Place of Test:	Duration of Test:

PREPARATION FOR FLIGHT	Date	STALLING continued	Date
Weather suitability		Straight	
Aircraft documents check		Turning	
Weight and balance calculation		In approach configuration	
Weight and performance calculation		FORCED LANDING WITHOUT POWER	Date
Fuel and oil state		Checks	
Aircraft acceptable		Procedure	
Booking out, ATC		NAVIGATION, ORIENTATION	Date
Pre-flight inspection		Recognition of features	
STARTING, TAXIING AND POWER CHECKS	Date	Assessment of heading	
Pre-start checks		INITIAL APPROACH PROCEDURES	
Post-start checks		CIRCUIT PROCEDURES	
Taxiing techniques		APPROACH AND LANDING	
Power checks		Pre-landing checks (vital actions)	Date
TAKE-OFF	Date	Powered approach	
Pre-take-off checks (vital actions)		Glide approach	
During and post-take-off checks		Crosswind	
Normal take-off		Assessment of crosswind component	
Crosswind take-off		Checks after landing	
Assessment of crosswind component		MISSED APPROACH PROCEDURES	
AERODROME DEPARTURE PROCEDURES		SIMULATED EMERGENCIES	Date
CLIMBING		Engine fire in the air/on the ground	
STRAIGHT AND LEVEL FLIGHT		Cabin fire in the air/on the ground	
DESCENDING USE OF POWER		Engine failure after take off	
TURNING		OTHER SIMULATED EMERGENCIES	
Level		ENGINES AND SYSTEMS HANDLING	
Climbing		AIRMANSHIP AND AWARENESS	Date
Descending		Lookout	
At high angles of bank		Positioning – restricted airspace, hazards, weather	
UNUSUAL ATTITUDES	Date	ATC liaison	
Recovery from spiral dives and sideslips		Aerodrome discipline	
Recovery from a steep climbing turn		ACTION AFTER FLIGHT	
STALLING	Date	Engine shut down	Date
Checks before stalling		Parking and security aircraft	
Recovery from developed stall		Recording flight details	
Recovery at the incipient stage			

Note: Pilots taking the test must undertake all sections of the test on this page, except for parts inappropriate to the aircraft type.

I certify that :

- (a) I have examined the training schedule which this applicant has completed: and
- (b) I have conducted a flight test during which this applicant has demonstrated his ability to perform satisfactorily the manoeuvres listed above and recorded the flight details in the applicant's personal flying logbook.
- (c) I am therefore satisfied that the applicant has reached the standard of flying required for the grant of a NPPL Powered Parachute Class Rating.

Examiner's Signature CAA Examiner Authorisation No.

Examiner's Name Date of Signature

7. APPLICANT'S DECLARATION.**TO BE COMPLETED BY THE APPLICANT**

I declare that the information provided on this form is correct, that since the date on which I was medically certified as to my fitness to hold a National Private Pilot's Licence, I have not suffered from any defect, disability or disease. I understand the requirements and conditions to be met in respect of my application.

* I accept that my name and address may be used by the CAA, the BMAA, a UK Flight Safety Organisation or a mailing house acting on behalf of any of these organisations for the purpose of sending me safety information.

* Please delete if you do not accept that your name and address can be used in this way.

Applicant's Signature Date of application

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory minimum (currently £5000 or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

8. SUBMISSION INSTRUCTIONS

Send your completed application form to:

British Microlight Aircraft Association,
The Bullring,
Deddington,
Banbury,
Oxfordshire,
OX15 0TT

Telephone 01869 338888

Include in the application:

- This form. NPPL 102 PP
- Personal Flying Logbook
- Medical Declaration or Certificate
- Any existing Licenses / Certificates for which credit is sought or from which limitations are to be removed
- Proof of Identity countersigned by Chief Flying Instructor completing the course certificate on this application. You may choose one of the following: Copy of Passport showing your picture / Copy of Picture Driving Licence showing your picture / Copy of Birth Certificate
- Fee payable for the Rating to be granted. Cheques must be made payable to the "Civil Aviation Authority"

PLEASE NOTE THAT FAILURE TO SUBMIT ALL OF THE REQUIRED DOCUMENTATION WILL LEAD TO A DELAY IN THE PROCESSING OF YOUR APPLICATION.