



Mt Beauty Gliding Club, Inc

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ANNUAL CHECK FORM

COMPLETE ALL DETAILS IN SECTION A AND SIGN BEFORE CHECK FLIGHT

Section A

NAME **GFA No** **GFA Expiry Date** .../.../....

Mobile No **Email Address**

Emergency Contact Name **Emergency Contact No**

Medical Status (check one): GFA Medical Declaration Doctor's certificate
 CASA Medical Class Expiry Date .../.../....

Ratings (Check all applicable) VHF Radio Flight RT Licence Passenger (Lev 1)
 Independent Ops (Lev 1) Independent Ops (Lev 2)
 Official Observer Daily inspections Form2 Inspector

Instructor Rating (Check one) AEI Level 1 Level 2 Level 3

Coach (Check one) Level 1 Level 2 Level 3

Certificates and Badges (Check all applicable) A B C Silver Gold Ht Gold Distance
 Diamond Distance Diamond Goal Diamond Ht

Club Type Endorsements (Check all applicable) ASK21 Astir Pilatus Hornet

Current Launch Methods (Check all applicable) Winch Aerotow Self

Flying Experience	Total Hours	Total Flights	Instructing Hours	Instructing Flights
Gliding Total				
Last year				
Power Total				
Power Last Year				

Declaration:

The above information is an accurate representation of my aviation experience as recorded in my log books.

Signed

Date

HAND COMPLETED SECTION A FORM TO CHECKING INSTRUCTOR
Please Turn Over

Section B

Before Flight

<input type="checkbox"/>	Section A completed and signed by pilot
<input type="checkbox"/>	Logbook sighted and currency established
<input type="checkbox"/>	GFA VHF Radio Logbook Endorsement OR <input type="checkbox"/> CASA Flight RT Licence
<input type="checkbox"/>	Correctly answer 3 questions from the A, B, and C Certificate Oral examination
<input type="checkbox"/>	Stall and Spin recovery briefing

Check Flight exercises

<input type="checkbox"/>	Pre cockpit entry Check
<input type="checkbox"/>	Pre flight Check
<input type="checkbox"/>	Pre take-off radio call.
<input type="checkbox"/>	Take-off
<input type="checkbox"/>	Launch
<input type="checkbox"/>	After take-off Check
<input type="checkbox"/>	Pre aerobatic check
<input type="checkbox"/>	Stall and Spin recovery
<input type="checkbox"/>	Lookout
<input type="checkbox"/>	Circuit preparation including wind determination
<input type="checkbox"/>	Circuit including radio calls
<input type="checkbox"/>	Pre Landing Check
<input type="checkbox"/>	Approach
<input type="checkbox"/>	Landing
<input type="checkbox"/>	Post Landing Check

Instructor's Comments

Declaration:

I have confirmed the pilot's details provided in Section A and checked the pilot's proficiency as listed above to satisfy the GFA requirement for an Annual Check Flight.

Passenger Rated Independent Ops L1 L2

Signed Date

Instructor's Name Instructor's Rating 1 2 3