



**British Model  
Flying Association**

# Examination Certificate

# **Helicopter B Certificate**

First Name ..... Family Name .....

Address .....

BMFA No ..... A member of the ..... Club

This is to Certify that the above has satisfactorily completed an Examination to the standard as required by BMFA for  
the **Helicopter B Certificate**.

Signed .....	Date ...../...../.....
Please Print Name .....	
Lead Examiner No .....	BMFA No .....

Signed .....	
Please Print Name .....	
2nd Examiner No .....	BMFA No .....

**Model Details (Type, size, etc.)**

.....  
.....

### Check List

		Done
(a)	Carry out pre-flight checks as required by the BMFA Safety Codes.	
(b)	Perform one hovering 'bow tie'	
(c)	Perform one four point pirouette	
(d)	Perform one 'Top Hat'	
(e)	Take off and climb to a safe altitude	
(f)	Fly a left hand rectangular circuit	
(g)	Fly a right hand rectangular circuit	
(h)	Perform one figure eight circuit	
(i)	Perform one twenty second nose-in hover	
(j)	Perform one double stall turn with opposite rotation	
(k)	Perform an approach at 45° to the vertical, landing within a predetermined two metre square	
(l)	Complete post-flight checks required by the BMFA Safety Codes.	
	Answer five questions from the list of mandatory questions on legal aspects of model aircraft flying. Please enter the number of the questions asked in the boxes below <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>	
	<i>Answer a minimum of five questions on safety matters from the BMFA Safety Codes and local flying rules.</i>	

This page is to be sent by the Examiner or the Candidate to:  
**BMFA, Chacksfield House, 31 St Andrews Road, Leicester, LE2 8RE**

✂ .....

**To be retained by the Candidate**

**Helicopter B Certificate**

Name: ..... BMFA No: .....

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Signed ..... Print Name .....

Date ..... BMFA No ..... Examiner No .....