



Examination Certificate
FPV Extension

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 Fixed Wing FPV Extension.

Signed Date

Please Print Name

Examiner No BMFA No

Model Details (Type, Wingspan, Engine size, etc.)

Check List

Done

Table with 3 columns: Item, Description, Done. Items include pre-flight checks, takeoff circuits, reverse procedure turns, rectangular circuits, and post-flight checks.

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

Scissors icon and dotted line for cutting

To be retained by the Candidate

Name: BMFA No:

This is to Certify that the above has satisfactorily completed an Examination to the standard as required by BMFA for the Fixed Wing Basic Proficiency.

Signed Print Name

Date BMFA No Examiner No