



Examination Certificate Helicopter A 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 A Certificate.

Signed Date

Please Print Name

Examiner No BMFA No

Model Details (Type, Engine size, etc.)

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Check List

Done

Table with 3 columns: Item, Description, Done. Items (a) through (j) describe flight tasks. Item (k) asks for 5 mandatory questions with boxes for answers. Item (l) asks for 5 safety questions.

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

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To be retained by the Candidate

Helicopter A Certificate

Name: BMFA No:

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

Signed Print Name

Date BMFA No Examiner No