



Examination Certificate
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 Indoor Aerobatic A Certificate.

Signed Date

Please Print Name

Examiner No BMFA No

Model Details (Type, Wingspan, etc.)

.....

.....

Check List

Done

Table with 3 columns: Item, Description, Done. Items include pre-flight checks, circuits, figure of eight, loops, stalls, and 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

✂

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 Indoor Aerobatic A Certificate.

Signed Print Name

Date BMFA No Examiner No