



Examination Certificate
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 Indoor Aerobatic B 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, Cuban Eight, inverted spins, square loops, knife edge flight, prop hang, harrier pass, and rectangular approach.

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

Signature line

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 B Certificate.

Signed Print Name

Date BMFA No Examiner No