



Examination Certificate
Basic Proficiency

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 Basic Proficiency.

Signed Date

Please Print Name

Examiner No BMFA No

Model Details (Type, Engine size, etc.)

Check List

Table with 3 columns: Item, Description, Done. Contains 11 items (a-j) and a section for mandatory questions with five empty boxes for answers.

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

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 Basic Proficiency.

Signed Print Name

Date BMFA No Examiner No