



Examination Certificate
Fixed Wing 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 B certificate.

Signed Date/...../.....
Please Print Name
Lead 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, take-off, figure of eight, loops, stalls, spins, and landing approaches.

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

Fixed Wing B 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 Fixed Wing B certificate.

Signed Print Name

Date BMFA No Examiner No