			<b>D</b>		
			SPORTS CONNE	CTION DMMUNITY	
<b>)</b>	BASIC FLIGHT	INSTRUCTO	E GOOD OF THE ULTRALIGHT COP RAPPLICA		
Application Type: Applicant	Basic Flight Instructor Advanced Flight Instructor				
Name** Phone (H)**:	Addr (W):	ess**: E-mail:	City**:	State**:	Zip**:
	* B_ TBD				
		Background Summa			
Total Time Ultralig	ht**:done (35 hou	0			
Total Dual UL rece	ived**done (10 hc	ours minimum)			
(the total dual UL re	ceived is part of total UL time a	bove and broken down	between air and gr	ound below.)	
Ground Du	al UL received**done	Air Dual UL receive	d**done (	minimum 3 hours	)
Do you currently h	old a two-place training exe	mption, if so with wh	om?		
What FAA certificate	es do you hold, if any?		FAA CFI #:		_
UL types rated/activ	e in**: pfw? ufw? ppg?	upg 🛛 other 🖓			
	TO BE C	COMPLETED BY APP	LICANT**		
I hereby certify that vehicle unsafe. I also	Aedical Status and Complia I have no known medical condi o certify that should such a con adition is no longer a factor.	tion or physical defect,			-
Signature of App	licant**:		Date**:		
I have given, or revie I hereby recomment	TO BE COMPLETED B uction and Referral by Basic Flig ewed, the above applicants fligh d the applicant for Basic Flight I (print)**	ght Instructor: ht instruction experienc nstructor.	e and training appro	opriate for Basic F	-
Instructor's Signat	ure**	da	te		
I have given, or revie	TO BE COMPLETED B uction and Referral by Basic Flig ewed, the above applicant's flig d the applicant for Basic Flight I	ght Instructor: ht instruction experiend	·		Flight Instructor.
Instructor's Name	(print)**		Membership #	#**B_ 00	
	ure**:				
	ed Ratings: PHG3 approve				
		d by			
		u Uy		-	