

PARAGLIDING TANDEM FLIGHT INSTRUCTOR RATING (TFI) APPLICATION

Pilot Name: **Date of Application:**

Before Starting with a tandem Flight Instructor License, the pilot must register with SAHPA as a Trainee Tandem Flight Instructor. Upon Registration, the trainee pilot will receive an Info pack that will include all the documentation required for the process. Pilots applying for the Licence should check that they meet all the requirements listed below. Enter the appropriate flight numbers and other details as required, in the spaces provided. A certified copy of the Pilots Logbook showing the required flights must be submitted with this application. This will assist the SO and Instructor in finalising the application promptly, with agreement from the Observer Committee. (Ensure that this document reflects the most recent requirements as determined in the Operations & Procedures Manual.)

Practical Requirements Checklist

- ☐ **Minimum of 500 logged and recorded solo & tandem flights combined.**

Current number of flights & hours in logbook:

Date:

- ☐ **100 Tandem flights logged (attach copy of logbook).**

Total tandem flights in logbook:

Date:

- ☐ **50 Tandem hours airtime logged (attach copy of logbook).**

Total tandem airtime in logbook:

Date:

- ☐ **Be in possession of a valid Tandem License for a minimum of 12 months.**

Tandem License Date of Issue:

- ☐ **No incidents or accidents displaying negligence or incompetence in the past 6 months.**

Club SO Signature:

Date:

- ☐ **Tandem flights undertaken from at least five different sites.**

Flight No.'s:

- ☐ **Two check Flights with two Designated Instructors at different sites:**

Instructor:

Date:

Flight No.'s:

Instructor:

Date:

Flight No.'s:

- ☐ **Tandem SIV course completed or demonstrated:**

Instructor:

Date:

Flight No.'s:

- ☐ **Signoff by Club LSO or NLO:**

Name: Signature: Date: Club:

- ☐ **Signoff by School Aligned (if applicable):**

Name: Signature: Date: Club:

- ☐ **NO School at present**

- ☐ **25 km XC: Passenger name :** **Date:** **Place:**

#	Date	Site	Pax pilots name	License number	Comments / Manoeuvres		Instructor Signature
1					Sign off flight by designated instructor 1: Name:		
2					Sign off flight by designated instructor 2: Name:		
3					Pendulum control		
4					50%+ Asymmetric collapse (trims off)		
5					Front collapse (trims off)		
6					B-Line Stall		
7					Point of Spin		
8					Point of Stall		
9					Big Ears Landing		
10					Butterfly Landing		
11					Spiral (8 – 12m/s) demonstrating controlled exit	Descent rate:	
12					Two consecutive 360Deg Turns within 20sec with accurate on heading exit.		

1	<u>Or Complete a SIV Course and furnish the certificate</u>	<u>Model of Tandem completed the SIV on:</u>	<u>Furnished certificate Y / N</u>
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Declaration by pilot

I hereby agree that only Certified Tandem rated glider, tandem rated reserve and equipment will be used for all tandem flights (reserve compulsory for all flights).

I hereby acknowledge that I am aware that only (TFI) tandem rated instructors may do introductory tandem training flights with members of the public, and that until other legislation is in place, flying passengers for reward is illegal. I am aware that conducting illegal flying activities may cause my rating and or my licence to be suspended. I will refrain from participating in any illegal flying activities.

Applicant Signature: **Date:**

☐ **Theory Test Passed:** Percentage achieved: Date:

☐ **Letter from affiliated Club Safety Officer after agreement by the Club Observer Committee.** Letter of motivation to be attached to application.

☐ **certified Copy of logbook.** (Handwritten to be certified by commissioner of Oaths & digital to be signed by Instr and pilot) Attached.

☐ **Certified Copy or Yellow carbon copy of Class 4 medical:** To be attached.

☐ **Copy of 1st aid certificate:** To be attached.

☐ **Original CA 62-16 Application form**

☐ **Licence application fee.** To be attached.

Club Safety Officer: **Club:** **Date:**

Instructor Signature: _____

Name (Print): _____

SACAA Licence Number: _____

Remarks: _____

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FOR OFFICE USE ONLY:

Committee approval received: ☐ **Date:**.....