

CARD NUMBER CARD EXPIRY DATE

SIGNATURE OF CARD HOLDER

AUSTRALIAN BALLOONING FEDERATION INC.

P O Box 402, Emerald, Vic. 3782

ABN 62 059 408 970 ACT Reg No. A3071

Fax: (03) 5968 6599 Phone: (03) 5968 6533 Email: AusBallooningFed@bigpond.com

APPLICATION FORM - PILOT CERTIFICATE, OTHER CERTIFICATES AND ENDORSEMENTS

TAX INVOICE **NAME** First Name Init. Preferred Name ADDRESS Occupation PHONE (h) (Mob.) E-MAIL ADDRESS DATE OF BIRTH CERTIFICATES PRIVATE PILOT CERTIFICATE (Pilot with overseas qualifications – includes Operations Manual) - \$57.00 ☐ PRIVATE PILOT CERTIFICATE - \$25.20 ☐ INSTRUCTOR CERTIFICATE -*ABF HARD COVER LOG BOOK - \$27.50+\$5.50 P&P RADIO OPERATOR CERTIFICATE - 25.20 ☐ FAI Sporting Licence - \$13.00 ☐ ALL OTHER CERTIFICATES AND ENDORSEMENTS - \$25.20 Note All charges are subject to and include 10% GST NOTE: All applications for issue of certificates must be signed by an ABF Examiner and supported by appropriate paperwork. *It is a requirement of CASA that once you have gained your PPC all flights are to be logged in an approved Flight Log Book. **EXAMINERS USE ONLY** hereby certify that the applicant named above has satisfied the requirements of the ABF Operations Manual for the issue of Theory Exercises Completed Flight Exercises Completed Examiners Signature OFFICE USE ONLY MEMBERSHIP NO. CERTIFICATE / ENDORSEMENT _____ / / OPS. MANAGER / / ADMINISTRATOR **PAYMENT DETAILS** Payment may be by cheque, money order, credit card or direct transfer. Payment to be made to – AUSTRALIAN BALLOONING FEDERATION INC. Account Details for direct payment - BSB 062 905 Account No.0013 5152. (Please ensure that direct payments are clearly identified with Member's name & Membership No.). CREDIT CARD PAYMENT - Mastercard / VISA (Cross out cards which are inapplicable) NAME OF CARD HOLDER (as shown on card)

AMOUNT AUTHORISED \$

APPENDIX 6

DECLARATION OF PHYSICAL FITNESS (To be completed by all applicants for/or holders of Balloon Pilot Certificates)
NOTE: Members who are unable to make this declaration may obtain a medical clearance in the form at Appendix 7.
I hereby declare,
** (a) I am the holder of a Student Pilot or higher category flight crew licence with a current CASA Medical Certificate. The Licence No. is, or ** (b) I have never suffered the following: Epilepsy, Fits, Severe Head Injury, Recurring Fainting, Giddiness, Blackouts, Abnormally High Blood Pressure or previous Heart Disease, I am not taking Insulin for the control of Diabetes and,
I further declare that, in the event of contracting or suspecting any of the above conditions, I will cease flying until I have obtained a medical opinion that it is safe to continue flying.
** Delete as appropriate.
Applicant/holders signature
Signature of parent or guardian (for Persons under 18 years of age)
NOTES: 1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit. 2. If you wear prescription lenses you should carry a spare pair easily accessible in flight.
APPENDIX 7
MEDICAL PRACTITIONERS CERTIFICATE OF FITNESS
This certificate must be signed by a doctor in the event that you cannot make the declaration at Appendix 6.
I am the applicants GP /a CASA Designated Medical Examiner. **
I certify that I have examined the applicant (name)
** Delete as appropriate.
☐ Initial certificate/☐ renewal.**
Remarks:
Doctor's name:
(please print)