



# The Soaring Association of Canada

## L'Association Canadienne de Vol à Voile

sac@sac.ca



### GLIDER INSTRUCTOR RATING & GROUND SCHOOL APPLICATION FORM

#### Candidate data

name:

mailing address:

postal code:

phone & email address:

club:

reason for course attendance:  new  renew  upgrade instructor

rating request:  1  2  3

medical exam date on licence validation cert:

TC file #:

TC medical category:  1  2  3

TC licences held:  Glider  PPL  Other

Please forward me the text books for the ground school:  yes  no

#### Flight experience

Total glider: hrs:  flts:

Glider instructor: hrs:  flts:

Power pilot: hrs:

Power instructor: hrs:

FAI badges:

Other experience:

#### Club CFI declaration

I have flown with the candidate and certify that the above data is correct and that he/she is eligible to attend the indicated course or receive the requested rating.

CFI name:

TC licence #:

CFI email address:

Date: