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Section A: Applicant Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other: _____	ARN:	<input type="text"/>
Given Name:				Family Name:		

Section B: Endorsement Certification Details

I, _____, of _____ certify that the
Full Name Organisation

applicant named in Section A has successfully completed on ____ / ____ / ____ the requirements for the issue of the following RPL endorsement(s):

<input type="checkbox"/> Flight Radio Endorsement	<input type="checkbox"/> Controlled Aerodrome
<input type="checkbox"/> Controlled Airspace	<input type="checkbox"/> Recreational Navigation

The following requirements were met for the applicable endorsement(s) at the time of the assessment:

1. For the Flight Radio Endorsement:

- Holds at least a valid ICAO Level 4 Aviation English Language Proficiency
- Pass in the aeronautical knowledge examination for the endorsement
- Completed flight training for the endorsement

2. For the Controlled Airspace Endorsement:

- Holds a flight radio endorsement with at least a valid ICAO Level 4 Aviation English Language Proficiency
- Pass in the aeronautical knowledge examination for the endorsement
- Completed flight training for the endorsement

3. For the Controlled Aerodrome Endorsement:

- Holds a flight radio endorsement with at least a valid ICAO Level 4 Aviation English Language Proficiency
- Pass in the aeronautical knowledge examination for the endorsement
- Completed flight training for the endorsement

4. For the Recreational Navigation Endorsement:

- Pass in the aeronautical knowledge examination for the endorsement
- Completed flight training for the endorsement
- Completed 5 hours Solo Cross Country Flight Time which included a flight of at least 100nm during which a full stop landing was made at 2 aerodromes or landing areas other than one from which the flight commenced

Section C: Design Feature Endorsements to be issued onto the licence Refer to CASR 61.765

The applicant meets the requirements for the issue of the following design features:

<input type="checkbox"/> Tailwheel Undercarriage	<input type="checkbox"/> Pressurisation System	<input type="checkbox"/> Ski Landing Gear
<input type="checkbox"/> Retractable Undercarriage	<input type="checkbox"/> Floatplane	<input type="checkbox"/> Float Alighting Gear
<input type="checkbox"/> Manual Propeller Pitch Control	<input type="checkbox"/> Floating Hull	

Section D: Flight Instructor Details

Signature	Date ____ / ____ / ____	ARN <input type="text"/>
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