

SOUTH AFRICAN HANG GLIDING & PARAGLIDING ASSOCIATION

Incorporating Powered Paragliding & Hang Gliding



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LICENCE APPLICATION / RENEWAL

- | | |
|---|--|
| <input type="checkbox"/> HANG GLIDING (HG) | <input type="checkbox"/> PARAGLIDING (PG) |
| <input type="checkbox"/> Powered HANG GLIDING (PHG) | <input type="checkbox"/> Powered PARAGLIDING (PPG) |

(FOR OFFICE USE) MEMBERSHIP NUMBER EXP DATE:

A. PILOT DETAILS:

SURNAME:

FIRST NAMES IN FULL:

POSTAL ADDRESS:

..... POSTAL CODE..... CLUB/SCHOOL

DATE OF BIRTH..... ID NUMBER

TELEPHONE: HOME..... WORK..... CELL.....

FAX NO: E-MAIL ADDRESS:

NEXT OF KIN: RELATION: CONTACT NO:.....

MEDICAL AID/HOSPITAL PLAN: AID/PLAN NO:

BLOODGROUP: ALLERGIES:

B. RENEWAL CHECKLIST: Current licence(s): Glider(s):

(copy of logbook(s) with the past year's flights must be attached):

PG flights flown during past year		Total PG flights since commencing sport
PG hours flown during past year		Total PG hours since commencing sport
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HG flights flown during past year		Total HG flights since commencing sport
HG hours flown during past year		Total HG hours since commencing sport
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Tandem PG flights flown during past year		Total Tandem PG flights since commencing sport
Tandem PG hours flown during past year		Total Tandem PG hours since commencing sport
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Tandem HG flights flown during past year		Total Tandem HG flights since commencing sport
Tandem HG hours flown during past year		Total Tandem HG hours since commencing sport
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PPG/PPC flights flown during past year		Total PPG/PPC flights since commencing sport
PPG/PPC hours flown during past year		Total PPG/PPC hours since commencing the sport
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PHG flights flown during past year		Total PHG flights since commencing sport
PHG hours flown during past year		Total PHG hours since commencing the sport

C. POWERED HANG GLIDING and POWERED PARAGLIDING (First time applicants only)

Aircraft R/T Radio Licence - Please supply your Restricted Radio Operator's Certificate number:

Three Letter Registration No:- (You may select these from your initials, nickname, company, etc.)

First Choice: Second Choice: Third Choice:

PLEASE TURN OVER

PILOT'S NAME:

D. LICENCE RENEWAL/APPLICATION

NB: This section must be signed by Club Licensing & Safety Officers or Instructors, and is compulsory. Tandem ratings will additionally be signed by the NS&TO of each sport.

Pilots who have not complied with renewal requirements or have not flown for a long time must pass a currency skill test. The Skill test should comprise of minimum 5 flights. The Currency Skill Test form is available from the SAHPA Office.

Current Licence grade(s): Licence number:..... Expiry date

The above pilot has fulfilled all the necessary requirements in accordance with the existing rules to qualify for the following licence to be issued:

PG Licence / Ratings to be issued:..... HG Licence / Ratings to be issued:.....

L&SO / Instructor's Signature:..... L&SO / Instructor's signature:

Name: Name:

Licence Number:..... Licence Number:

Date signed: Date signed:

PPG/PPC Ratings to be issued:..... PHG Ratings to be issued:

Instructor's Signature: Instructor's signature:

Name: Name:.....

Licence Number:..... Licence Number:

Date signed:..... Date signed:

E. MEDICAL DECLARATION AND MEMBERSHIP DECLARATION

MEDICAL DECLARATION

If not crossed out, the medical fitness declaration shall be deemed to have been signed. Tandem rated pilots (see Note 4) and pilots who have crossed out the medical declaration shall attach a Medical Fitness Certificate signed by a medical practitioner.

I hereby declare that I have never suffered from any of the following, which I understand may create, or lead to, a dangerous situation in flight, or render me incapable of flying and controlling a hang glider or paraglider or powered versions of these aircraft.

Epilepsy, Fits, Severe Head Injury; Recurrent fainting, Giddiness or Blackouts. Unusually High Blood Pressure; A previous Coronary; I am not regularly taking insulin for the control of Diabetes; I am not addicted to any drug having a narcotic effect; I do not suffer from any defect or disability (including excessive eyesight deficiency) that could affect my flying safety; Any previously sustained injury which could affect my ability to control the aircraft

I further declare that, in the event of my contracting, or suspecting, any of the above conditions in the future, I will cease to fly until I have been examined by a suitably qualified medical practitioner and declared physically fit to fly hang gliders or paragliders or powered paragliders, and will submit a separate medical fitness certificate to this effect.

MEMBERSHIP DECLARATION

To be signed by all pilots

I agree to observe and abide by the SAHPA Constitution and SAHPA Operations & Procedures Manual, site rules and air space constraints, as may be in existence at any time.

.....
Pilot's Signature Date

.....
Signature of consent and name of parent/legal guardian Date
(for persons under 18 years of age)

F. REMITTANCE ADVICE – Payment enclosed:

SAHPA Fees	+ PPG/PPC/PHG	+Licence App Fees	+Radio Licence	=	Total
.....	=

Notes:

1. This form must be completed with every renewal.
2. All renewal applications must be signed by a Club L&SO or an Instructor for the sport. Unsigned forms may be returned.
3. Upgrade applications must be accompanied by all the required documentation as per the Operations & Procedures Manual.
4. Tandem pilots must supply a Medical Fitness Certificate signed by a Medical Practitioner as well as a current 1st aid certificate.
5. Separate Medical Fitness and Skill Test forms are available from the SAHPA Office.
6. A copy of the logbook must be attached to all applications.
7. Bank details: SAHPA, Standard Bank, Midrand. A/c 202-489-280, Branch code 00-11-55.

