



PILOT INSTRUCTOR APPLICATION

Applicant Information		<input type="checkbox"/> Initial CFI Application		<input type="checkbox"/> Upgrade CFI Application	
Name		Date			
Address		City			
Email Address		State/Zip Code			
Work Ph No.		Cell Ph No.			
Pilot Certificate #					



Instructor Ratings

Flight Instructor Airplane	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date _____
Flight Instructor Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Multi-Engine Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ground Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Airman Certificates

ATP CFI Commercial Instrument

Class Ratings Instructor

SEL MEL SES MES

Medical Certificate

Class of Medical Certificate Held _____ Last Examination Date _____
 Limitations _____

Instructor Flight Time (Hours)

Total _____ ASEL _____ ASES _____ AMEL _____
 Aerobatic _____ Tailwheel _____
 Instrument Total _____ Instrument Actual _____
 Instructor Lessons Given _____

Background Check Disclosure: In the interest of maintaining safety and security of our members and property, BEFA will order a background report. I agree BEFA may rely on this authorization to order background reports. I declare the information given in this form is true and correct to the best of my knowledge and belief.

Applying for:

- Initial CFI
- Instrument Instructor
- Commercial Flight Instructor
- Tailwheel Instructor
- Aerobatic Instructor
- Floatplane Instructor
- High Performance / Complex Airplane Instructor
- Cirrus Instructor
- T-210 Aircraft Instructor
- Multi-Engine Instructor
- Redbird Simulator Instructor
- Ground Instructor
 - Private Instruments
- High Altitude Instructor
- Basic Check Pilot
- Phase Check Pilot

Where did you acquire your CFI Instruction? _____

Contact Name _____
 Phone No. _____

Number of Certificate recommendations given:
 Single Engine _____ Multi-Engine _____

The Applicant is responsible for payment of the Background Check Fee(s).

Applicant's Signature _____ **Date** _____

Initial BEFA Instructor Check Ride Given by: _____ Date _____

Last BEFA Instructor Check Ride Given by: _____ Date _____

For Committee & Board Use only Background Check Fee Received

Notes: _____

Approved by: _____ **Date** _____