



THE SOUTH AFRICAN HANG GLIDING & PARAGLIDING ASSOCIATION

Incorporating Powered Paragliding and Powered Hang Gliding

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CA 62-29

CURRENCY SKILL TEST

HANG GLIDING (HG) PARAGLIDING (PG) Powered HANG GLIDING (PHG) Powered PARAGLIDING (PPG/ PPT/PPC)

(FOR OFFICE USE) MEMBERSHIP NUMBER..... EXP DATE:

A. PILOT DETAILS:

SURNAME
FIRST NAMES IN FULL
POSTAL ADDRESS
..... POSTAL CODE..... CLUB
DATE OF BIRTH ID NUMBER.....
TELEPHONE: HOME WORK..... CELL
FAX NO: E-MAIL ADDRESS:

B. SKILL TEST:

NB: This section must be signed by Club Licensing & Safety Officers or Instructors.

Skill test required for renewal of (licence/rating):.....
Pilots who have not complied with renewal requirements or have not flown for a long time must pass a currency skill test. A minimum of 5 flights must be completed during the skill test. Sport and Tandem Skill tests cannot be done simultaneously. Tick a block at each requirement.

<i>Good take-off and landing ability</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Consecutive 360° turns in both directions (thermalling, if possible)</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Ridge soaring (if possible)</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Good judgement for landing in a small landing space (spot landing)</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Paraglider pilots: also demonstrate the execution of big ears (symmetric wingtip tucks)</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice

All Pilots should also show good theoretical knowledge of the following:

<i>Weather</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Air law</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice
<i>Turbulence control</i>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Need Practice

Recommendation:

Instructor/L&SO Name & Signature: Date:

Logbook record of Skill Test flights (minimum of 5 flights) (attach logbook copy):

Flight numbers and dates:

