



# Hang Gliding & Paragliding Association of Canada Association Canadienne de Vol Libre

302 - 5628 Birney Avenue, Vancouver, BC, V6S 0H7  
Phone: 877-370-2078 (toll-free) Email: admin@hpac.ca

## PILOT RATING FORM

**Note:** The pilot must be a **CURRENT MEMBER** and must have all the **RATINGS PREVIOUS** to the one being applied for. If this is a new member, the application for membership must be mailed by Post, along with this rating form, to the HPAC office as an original pilot waiver is required for new members.

### Personal Information

Have you ever been a member of the HPAC?: Yes  No  (if yes, please provide your HPAC #: \_\_\_\_\_ )

Name: \_\_\_\_\_ Date of birth (yyyy/mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Gender: Male  Female  Language: English  French  Bilingual   
 Address: \_\_\_\_\_ City/Province/Country: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_ Club/School: \_\_\_\_\_

### Instructor Information

Name: \_\_\_\_\_ HPAC #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date of written test (yyyy/mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date (yyyy/mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

**RATING** (all requirements **MUST** be fulfilled. Fill in the applicable fields to the rating request)

#### \* Paraglider Rating

P1	P2	P3	P4
Beginner: <input type="checkbox"/>	Novice: <input type="checkbox"/>	Intermediate: <input type="checkbox"/>	Advanced: <input type="checkbox"/>
Airtime: _____	Airtime: _____	Airtime: _____	Airtime: _____
Test Score: _____	Test Score: _____	Test Score: _____	Test Score: _____
# of flights: _____	# of flights: _____	# of flights: _____	# of flights: _____
			HAGAR passed: <input type="checkbox"/>

PARAGLIDER ENDORSEMENT:  Thermal Soaring  Coastal/Ridge flying  
 Towing  SIV

#### \* Hang Glider Rating

H1	H2	H3	H4
Beginner: <input type="checkbox"/>	Novice: <input type="checkbox"/>	Intermediate: <input type="checkbox"/>	Advanced: <input type="checkbox"/>
Airtime: _____	Airtime: _____	Airtime: _____	Airtime: _____
Test Score: _____	Test Score: _____	Test Score: _____	Test Score: _____
# of flights: _____	# of flights: _____	# of flights: _____	# of flights: _____
			HAGAR passed: <input type="checkbox"/>

HANG GLIDER ENDORSEMENT:  Thermal Soaring  Coastal/Ridge flying  
 Ground-based Towing  Aerotowing

**\* Only one rating may be requested per rating form.**