

ASRA AIRCRAFT REGISTRATION AND HOURS FLOWN - FOR TWELVE MONTHS ENDING  
31 DECEMBER 2007

**ALL CFI'S, INSTRUCTORS, ASS'T INSTRUCTORS, PILOTS & STUDENTS  
ARE REQUIRED BY CASA TO ANSWER THIS QUESTIONNAIRE**



ABN 53 412 417 012

Name: (Print) _____	ASRA Mem No <b>A</b> _____
Address: (Print) _____	State: _____ P/C: _____
ASRA Gyro Rego No's: G _____ G _____ G _____	
<u>Hours Flown and Types of Flight</u> (whole hours only please)	
Private (Sport Flying) _____	Dual Training Power (Student) _____
Dual Instructing Power (Instructor) _____	Gyro Glider Training (Student) _____
Gyro Glider Instructing _____	Search and Rescue _____
Name/s of Your CFI/Inst/Ass't Instructor _____	
Where did you have your Instruction? _____	

Please complete the above and forward to: ASRA Registrar, PO Box 129, Buderim QLD 4556, by 31<sup>st</sup> March 2008

ASRA Form F008

Annual Hours Flown Survey

Revision 002

Jan 2008

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