

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

F006 GYROPLANE REGISTRATION, MAJOR MODIFICATIONS, RENEWAL & TRANSFER FORM 2019



ABN 53 412 417 012

*Regulations state that only current financial ASRA members
are permitted to fly and register a Gyro*

ASRA Membership No: A	Gyroplane Registration No: G	Airframe Serial No:	
Registree Given Names: _____	Registree Family Name: _____		
Address: _____	Phone No: _____		
Town: _____	State: _____	P/Code: _____	
Email: _____			
<input type="checkbox"/> (A) Annual Registration Renewal (no changes)		<input type="checkbox"/> (B) New Registration	
<input type="checkbox"/> (C) Transfer of ownership The seller must advise ASRA of a change of ownership and enter the buyer details below. The registration is suspended until the buyer submits the transfer fee and a <u>completed F006</u> with the TA inspection signed.			
ASRA No: A	Buyer Name: _____	Phone No: _____	
Address: _____		State: _____	P/Code: _____
<input type="checkbox"/> (D) Post-Component-Failure Inspection Notification		<input type="checkbox"/> (E) Post-Damage-Repair Inspection Notification	
<input type="checkbox"/> (F) Notification of recent Major Modifications		<input type="checkbox"/> (G) Post-Grounding-Order-Inspection	
Cockpit: <input type="checkbox"/> Open Frame <input type="checkbox"/> Semi Enclosed <input type="checkbox"/> Fully Enclosed	Empty weight including rotors: _____ kg		
Places: <input type="checkbox"/> One <input type="checkbox"/> Two Side by Side <input type="checkbox"/> Two Tandem	MTOW: _____ kg		
Aircraft Status: <input type="checkbox"/> Registered <input type="checkbox"/> Unregistered <input type="checkbox"/> Destroyed	Gyroplane Primary Colour: _____		
Hang Test: 1 UP _____ Degrees <input type="checkbox"/> Nose up Controls Fore/Aft Angle: _____	Controls Side/Side Angle: _____		
Hang Test: 2 I/P _____ Degrees <input type="checkbox"/> Nose down	Total Teeter Angle: _____		
Manufacturer: _____	Model: _____	Model No: _____	
Main Frame Material: _____	Size: _____	mm	
Mast Material: _____	Size: _____	mm	
Frame Plates Material: _____	Thickness: _____	mm	
Vertical Tail Type & Area: <input type="checkbox"/> Rudder & Fin <input type="checkbox"/> Full Flying <input type="checkbox"/> Twin Tail <input type="checkbox"/> Tri Tail	Total Vertical Tail Area: _____ m ²		
Horizontal Distance from C of G: _____ m			
Pitch Stabiliser Location & Area: <input type="checkbox"/> In propeller slipstream <input type="checkbox"/> Outside propeller slipstream	Stabiliser Area: _____ m ²		
Horizontal Distance from C of G: _____ m			
Rotor Head Manufacturer: _____	Serial No: _____		
Rotor Blade Manufacturer: _____	Hub Bar Serial No: _____	Length: _____	ft
Propeller Manufacturer: _____	Serial No: _____	Diameter: _____	in
Engine Manufacturer: _____	Type: _____	Engine Capacity: _____	cc
Redrive Make: _____	Serial No: _____	Ratio: _____	: 1
Fuel Tank Manufacturer: _____	Capacity: _____	LTS	

Mandatory Instruments	<input type="checkbox"/> ASI	<input type="checkbox"/> Altimeter	<input type="checkbox"/> Fuel Indicator	<input type="checkbox"/> Yaw Indicator
Compliant Gyroplanes	<input type="checkbox"/> Hour Meter	<input type="checkbox"/> Oil Pressure (4 stroke)	<input type="checkbox"/> Engine tachometer	
Mandatory Instruments	<input type="checkbox"/> Compass	<input type="checkbox"/> Volts (Battery Ignition)	<input type="checkbox"/> Temperature	
Significant Extras	<input type="checkbox"/> GPS	<input type="checkbox"/> Transponder	<input type="checkbox"/> EPIRB	<input type="checkbox"/> VHF <input type="checkbox"/> UHF

**TO BE COMPLETED BY AN ASRA TECHNICAL ADVISER
FOR ALL NOTIFICATIONS (B), (C), (D), (E), (F), (G) inclusive.**

I declare that I have inspected the above Gyroplane and checked that all the control movements are normal as specified in the applicable ASRA Inc. F022 or F024 registration protocols. The Gyroplane complies with all the compliance requirements and the Safety Directives issued by ASRA. Safety Directives can be accessed at <http://www.asra.org.au/news-medi/news-event/directives-and-alerts> I take no responsibility for any modifications carried out after this date unless approved by me. I do not take any responsibility for the accuracy of the owner or manufacturer's statements, or the manner in which the Pilot operates the Gyro. This is an Application for Registration or Renewal and is not indicative of the flight readiness or performance of this aircraft

The Gyroplane qualifies for registration under the following category:	<input type="checkbox"/> Single Seat	<input type="checkbox"/> Two Seat
	<input type="checkbox"/> Provisional <input type="checkbox"/> Basic <input type="checkbox"/> Compliant	<input type="checkbox"/> Provisional <input type="checkbox"/> Compliant

If Compliant - Manufacturers Type

ASRA Approval No: _____

Technical Adviser's Name: _____ Membership No: **A** _____

Signature: _____ Date: _____

Description of failure/damage/defect and general comments:

Registree's Signature:	Date:	<input type="checkbox"/> Mandatory photos from the side and of any modified section of the gyroplane for notifications (B), (D), (E), (F), (G) inclusive.
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2019 Gyro Registration Fees (Tick appropriate box) DO NOT SEND CASH	
<u>Current financial members</u> Annual registration renewal	<input type="checkbox"/> \$62 (A)
<u>New Registration 2019</u> (Registration expires 31 st Dec 2019)	<input type="checkbox"/> \$62 (B) includes Gyroplane maintenance logbook
<u>Transfer - Purchaser</u>	<input type="checkbox"/> \$62 (C) TA inspection required

Note: Return form and photos (digital or print) with Cheque or Money Order made payable to ASRA Inc. EFT payment details BSB 032524 ACC 165988
Address: ASRA Registrar, PO Box 3070 Mandurah East WA 6210. registrar@asra.org.au
All documentation can be downloaded from the ASRA Website www.asra.org.au/