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Cover photo submitted by Ryan De Visser

Canada

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TIPS AND TOOLS

Trust, But Verify: Then Check the TC AIM

by George Farrington, Canadian Owners and Pilots Association

Credit: Shutterstock

In today's hyperconnected world, it's never been easier, or more dangerous, for pilots and aspiring aviators to access information, on the ground or in the air. From YouTube tutorials to Reddit threads, TikTok clips to Facebook groups, aviation knowledge is now just a click away. But as the sheer volume of content grows, so too does the risk of misinformation, half-truths and dangerously outdated advice.

For pilots in training and seasoned aviators alike, the challenge is no longer about *finding* information, it's about knowing what's trustworthy. In aviation, where the margin for error is razor-thin, the quality and accuracy of your learning resources could literally be a matter of life and death.

Unfortunately, some of the most confidently presented aviation "tips" online are also the most dangerous. Without proper vetting, it's easy for a new pilot, or even a rusty one, to absorb misleading or outright incorrect information, all while believing they're staying sharp or learning something new.

Not all online aviation content is created equal. There are incredible instructors, qualified safety experts and certified flight schools producing accurate and valuable content. But there's also a flood of hobbyists, thrill-seekers and attention-seekers with no real credentials or accountability. Can you guess which group gets more views and likes?

A key question to ask yourself is: *Where did this information come from?* Was it published or endorsed by Transport Canada, a known aviation educator or a reputable flight school? Or was it a random upload with no verifiable background? The difference between a qualified instructor and an enthusiastic amateur can be subtle, but critically important.

Look for signs of credibility: instructor ratings, aviation organization affiliations, clear disclaimers, references to official guidance like the *Transport Canada Aeronautical Information Manual* (TC AIM), or citations from recognized texts like the *Flight Training Manual*.

The risks of learning from incorrect sources are far-reaching. From failing a flight test to adopting unsafe habits, the consequences can impact your confidence, your certification, and ultimately, your safety. For example, watching an unverified video on crosswind landings that omits key techniques or regulations might result in repeated bad habits, or worse: a landing accident in gusty conditions.

One common source of confusion for Canadian pilots is the abundance of polished but U.S.-focused material produced by the Federal Aviation Administration (FAA). While the basics of flying are universal, many regulatory details, such as VFR weather minima, airspace classifications, maintenance rules, medical standards, and even phraseology, differ between the U.S. and Canada. Relying on FAA-based videos or guides without checking Canadian equivalents can lead to errors on flight tests or in the cockpit. U.S. resources can be helpful supplements, but they should never replace Transport Canada materials or your flight school's Canadian-specific training.

Cover page of TC AIM

Similarly, online "shortcuts" to passing written exams can rob students of the foundational knowledge they'll rely on in real flight scenarios. Memorizing answers instead of understanding the *why* behind regulations or airspace structures is a path to mediocrity and risk.

Additionally, artificial intelligence (AI) tools may seem to be a good source of aviation information, or even a handy study tool. However, most of these tools are in their infancy, are prone to error and could draw their information from non-reliable internet sources. As with any internet sources, its information should always be double checked for accuracy and held with the same level of scrutiny.

So how can pilots navigate this crowded landscape of aviation information?

- Trust certified sources: Stick to Transport Canada materials, your flight school's syllabus and instructors with verifiable credentials.
- Ask your instructor: If you see something online that contradicts what you were taught, bring it up with your instructor. It's a great opportunity to deepen your understanding.
- Use online resources as supplements, not substitutes: YouTube and aviation forums can be helpful, but they should never replace formal ground school or structured flight training.
- Stay current: Aviation regulations and best practices evolve. Even if a tip sounds "close enough," check the date and source before integrating it into your flying habits.

The internet is a powerful tool for modern pilots, but it's also a double-edged sword. By staying vigilant and selective about where your information comes from, you can avoid the pitfalls of misinformation and ensure that your learning journey is safe, accurate and aligned with Canada's aviation standards.

When it comes to flight training, there's no shortcut to safety. Choose wisely, fly safely, and always verify your sources. △

VFR Helicopter Stabilized Approaches

by Kyle Ferguson, Inspector, Transport Canada; Cathy Press CEO, Chinook Helicopters*; Jimmy Joubert, President/GSR,* Helicraft *and Patrick Lafleur, Test Pilot,* Bell Flight

Across aviation, in both fixed-wing and rotary, there is often an unspoken stigma about executing a go-around. Pilots may perceive it as a sign of poor planning or a lack of skill, and this mindset can create pressure to 'make it work', even when an approach is unstable. In reality, a go-around is a proactive safety decision, not a failure. It demonstrates sound judgment and adherence to best practices. Committing to an unstable approach increases risk significantly, and breaking this stigma is critical: a go-around should be viewed as a normal, professional response whenever approach criteria are not met.

Credit: Shutterstock

Why It Matters

Unstable approaches are a leading cause of approach-and-landing accidents and increase the chance of controlled flight into terrain (CFIT), loss of control, landing area excursions, vortex ring state (VRS) and settling with power (SWP).

A stabilized approach improves situational awareness, reduces workload and enhances safety.

When Are You on "Final Approach" When VFR?

For VFR helicopter operations, "final approach" generally begins after the last significant turn toward the landing point, when the helicopter is aligned with the intended landing site and committed to the descent. This is typically:

- after completing any reconnaissance or circuit patterns;
- when the helicopter is established on a straight-in or curved approach path toward the landing zone; or
- at a point where the pilot's primary focus shifts from navigation to landing (usually within a few hundred feet above ground level [AGL], depending on terrain and obstacles).

Helicopter Stabilized Approach Criteria

An approach is considered stabilized when the aircraft is:

1. On the correct approach angle and track (vertically and laterally) to a pre-determined point in the landing zone;
    a. Aim for a constant approach angle (typically 6–12° for VFR),
    b. A clear, obstacle-free approach and go-around path have been identified.
2. At the correct speed for the aircraft type and configuration;
    a. Reduce groundspeed progressively,
    b. Avoid any abrupt flare at the end of the approach.
3. In landing configuration (gear down, lights set, checklist(s) complete, etc.);
4. At a proper power setting to maintain descent rate and speed;
    a. Avoid conditions that can lead to VRS, maintain an escape route,
        i. Maintain a 'loaded disk' – avoid abrupt power increases
    b. Anticipate collective increase as translational lift is lost; monitor torque/manifold pressure,
    c. Adequate power margin available for a go-around.
5. Only minimal flight control inputs required to come to a stable hover or landing.

Best Practices for VFR Helicopter Pilots

Helicopters offer a wide flight envelope—they can be flown slower, steeper, faster or shallower than fixed-wing aircraft. This flexibility can create a temptation to 'salvage' a poorly planned approach rather than executing a go-around. However, attempting to salvage an unstable approach often leads to excessive control inputs, abrupt power changes and degraded situational awareness. These conditions increase the risk of entering an unsafe state, including vortex ring state or settling with power. The safest option upon the first indication of an unstable approach is to discontinue and execute a go-around.

- Plan your approach early—avoid steep or rushed descents with high angles of bank.
- Use visual cues to maintain a constant descent angle.
- Confirm speed and power settings before short final.
- Complete landing checks before short final.
- Commit to a go-around if the approach isn't stable.

If the approach isn't coming together as planned, the safest option is to reset and try again. Helicopters give us flexibility, but that same flexibility can lead to unstable situations if pushed too far. A go-around is simply another tool to keep yourself, your passengers and your aircraft safe—use it whenever the picture doesn't look right. △

References:

- TP 14728
- TP 9982

When Your Gauge Gives You Time

by Gord Dyck, Kingston Ultralight Club (Camden East CCE6)

The Kitfox Series 6 involved in this report is equipped with a Viking 130 engine. This engine is based on a Honda Fit conversion by Viking, fitted with a gearbox. The engine has Direct Fuel Injection and had approximately 300 hours of flying time. The engine starts well in all temperatures, runs smoothly and provides great performance to this aircraft.

Image 1: Gearbox opened for inspection

The flight began normally on April 20 from Camden East, and it was a lovely, if somewhat cool, spring VFR day for an early afternoon flight. Despite some rocking thermals, the flight was going fine. The gauges were in the green. The pilot noticed the gearbox oil temperature going from its normal 160°F to 170°F. The Viking 130 Web site posts a do-not-exceed gearbox oil temperature of 240°F. When the temperature hit 180°F, the pilot aborted the flight, pulled the power off to the minimum to keep the Kitfox flying and headed back to the field. The temperature stabilized at 180°F. The landing was uneventful.

Image 2: Kitfox Series 6 with gearbox removed

The inspection began first with the oil level, which was fine. However, examination of the sump plug revealed metal filings. Viking indicates the gearbox needs servicing if filings are found in the oil. Upon gearbox tear-down, it was determined that a spacer within one of the roller bearings had failed, as seen in image 3. Upon inspection, the resultant shavings from the adjacent bearing and spacer had been affecting all the bearings within the gearbox (silver fragments on the spacer in image 4). Once the bearings were removed, they were taken to a bearing specialist for diagnosis of the cause of the failure. It appeared that the

Image 3: Failed roller bearing

Image 4: Metal (silver) filings on another gearbox bearing

roller separator (the tin piece that keeps the rollers apart) failed and allowed the rollers to migrate to one side and start piling up on each other. The roller bearing was in the idler gear in the centre of three gears, and near as they could figure, it was a bad spot weld on the separator. Just one of those things to keep you on your toes. The bearings will all be replaced, and the gearbox will be returned to service.

The lesson observed was that the gauge gave a clear indication of abnormal behaviour. In this incident, the pilot was familiar with what was 'normal' for his aircraft and was alerted to something that was 'slightly abnormal'. They neither pushed the limits nor rationalized the rising gearbox oil temperature. Prompt pilot action resulted in a maintenance overhaul vice an engine failure and potentially a significiant incident or accident. △

Submission of *Aviation Safety Letter* (ASL) articles

Do you have an aviation safety topic you are passionate about? Do you want to share your expert knowledge with others? If so, we would love to hear from you!

If you are interested in writing an article, please send it by e-mail to TC.ASL-SAN.TC@tc.gc.ca in your preferred language. Please note that all articles will be edited and translated and will be coordinated by the ASL team.

We look forward to receiving your articles. △

You Are What You Eat

by John Baker (RotacRepair.ca) and Ultralight Pilots Association of Canada (UPAC)

"You are what you eat"—and the same principle applies to your aircraft engine. In recent years, finding ethanol-free car gas—the preferred fuel for most ultralight aircraft—has become increasingly rare, making fuel selection a critical safety concern for pilots.

Figure 1: Fuel sample
Credit: Sean Finnerty

Traditionally, using either 100LL or ethanol-free 91 octane, checking for water contamination in those fuels was simple: pilots would sump their tanks to check fuel from the drains in the gas tanks and/or if equipped their gascolators, draining any detected water until the fuel was clear of water. Since sump points sit at the lowest part of the tank when the aircraft is at rest, this method reliably removed water before flight. As you may or may not know, water and any "neat gasoline" 100LL or non-ethanol car gas won't mix together, leaving the water on the bottom of the tank completely separated from the actual gasoline However, ethanol changed the equation. It absorbs water until reaching saturation, meaning that any moisture in your tank can blend into the ethanol, diminishing fuel quality and increasing the risk of engine trouble. Think of ethanol as a sponge—it holds water until it can't anymore, at which point free water appears in the sump. But by then, your fuel has already been completely compromised. For every gallon in your tank, up to three tablespoons of water may be dissolved within the ethanol in the fuel—manageable for a car engine which has been designed to use ethanol, but a serious risk for aviation because of reduced performance. Your car has a completely sealed fuel system, not allowing environmental moisture to enter. However, your aircraft's fuel tank is vented to the atmosphere, allowing for moisture to enter the ethanol.

Ensuring Fuel Quality: What Can You Do?

1. **Choose a reliable supplier**

   Whenever possible, purchase fuel from the same trusted source. Consistency matters, and a busy station with frequent fuel turnover is preferable, as it reduces the likelihood of stale gas. For two-stroke engines and the Rotax 912 (87 hp), regular 87 octane gasoline has a higher turnover rate, while higher octane fuels for more powerful Rotax engines do not—something to keep in mind. I believe that sales of Regular 87 approaches almost 90% of total sales over 89 and 91 octane, on average.

2. **Test before filling your tank**

   Always check the ethanol percentage and test for water contamination before adding fuel to your aircraft. While gas stations work hard to prevent contamination, mistakes happen. I examine each container of car gas before filling my aircraft. Testing for the ethanol percentage is the perfect time to get used to what the sample actually looks like. You'll be building a visual record, so one day, if the sample suddenly looks different, you'll notice. If the fuel looks cloudy or the ethanol contains visible water traces, the fuel you were about to put in your tank is compromised and unsafe for flight.

Figure 2: Soiled fuel filter
Credit: Shutterstock

3. **Avoid stale fuel**

   Over time, gasoline loses its volatility, affecting engine performance. Using fresh fuel from the pump is ideal, and it's best to avoid flying on gas that has been stored in tanks or containers for over a month. The correct procedure is to drain the fuel tank completely, not just to add fresh gasoline over the old fuel. Cycle old fuel into your car rather than using it for flight. Unusual aircraft engine performance could be stale fuel.

4. **Seasonally blended car gasoline**

   You must be aware that car gas is seasonally adjusted. Winter gas for example has various components blended into it. Butane would be one of many additives. This is added to make the gas more volatile at low temperatures. Liquid gas doesn't burn… the fumes do, so it's specifically blended to be more volatile at low temperatures. Fuelling your aircraft with winter gas in warmer temperatures is a perfect invitation for "vapor lock," resulting in potential engine stoppage. This has to do with the vapor pressure of the car gasoline. The winter gas that's blended for use in cold temperatures will actually boil very easily when subjected to summer engine temperatures.

5. **Double-check your sump test**

   Each time you sump your fuel—whether Avgas, ethanol-free gas, or ethanol-blended fuel—ensure that what you see in your fuel tester is actually fuel. There are cases where aircraft were correctly sumped before flight, yet the tester showed no signs of contamination because the entire sample was water. A worn fuel cap seal combined with heavy rain on an aircraft stored outdoors can lead to significant water intrusion. Always confirm that your test fluid is fuel, not just water.

6. **One drop of water**

   If you are using ethanol-blended gasoline, one drop of water is too much. A single drop of water is telling not to fly until the fuel system has been completely drained and replaced with fresh fuel. We need to remember that the ethanol-blended gasoline will suspend water in the ethanol content, that is until the ethanol is saturated and can't hold anymore water. That's how that one drop or more of water was in the sample.

Safe flight starts with safe fuel. By staying vigilant and implementing these precautions, you can reduce the risk of fuel-related engine issues and ensure reliability of the fuel you are depending on in the air.

This article is based on four short, informative videos I put together on ensuring fuel quality, through regular testing and proper fuel handling techniques. They are available on YouTube: search "rotacrepair.ca," then select "Rotax 912ULS engine out E-10 fuel testing" parts 1, 2, 3 and 4, and I am sure that you will benefit from spending a few minutes watching.

And, if you still have some popcorn left, you may like "Is your aircraft fuel tank melting," a result of ethanol fuel in your fiberglass tank. △

INSTRUCTOR'S CORNER

Wrong-way Rudder: Directional Control Reversal Risk

by Henry Vos Flight Instructor, Aerosport Ltd.

Issue

Some pilots and students experience incorrect rudder pedal inputs due to **negative transfer of training** from prior operation of skid-steer loaders, zero-turn mowers or tracked equipment. This can lead to loss of directional control during ground operations and landings.

Credit: Shutterstock

Background

Directional control logic on many skid-steer and zero-turn machines is opposite to aircraft rudder pedals:

- left control input → machine turns right
- right control input → machine turns left

Aircraft rudder pedals:

- left pedal → aircraft turns left
- right pedal → aircraft turns right

Pilots transitioning between these systems may experience **muscle memory interference**, particularly under rapid reaction requirements.

Safety Risk

The risk increases during high-workload, time-critical phases of flight, including:

- takeoff roll;
- crosswind landing; and
- landing rollout.

Incorrect rudder inputs during landing may result in:

- excessive lateral gear and tire loads;
- loss of directional control;
- ground looping; and
- aircraft damage.

Ultralight and tailwheel aircraft may be especially susceptible.

Human Factors

This issue is associated with:

- negative transfer of training;
- procedural memory conflict; and
- urgency of input and instinctive control response.

Errors may not be evident during low-stress taxi or practice but can occur suddenly during landing.

Recommended Actions

Flight instructors/FTUs

- Ask students about prior experience with skid-steer, zero-turn or tracked equipment.
- Brief directional control differences explicitly.
- Emphasize deliberate rudder use during taxi and early circuit training.
- Monitor rudder inputs closely, especially during landings and crosswind exercises.

Pilots/students

- Be aware of potential control reversal when transitioning from ground equipment.
- Practice conscious rudder inputs during taxi and landing.
- Seek instructor feedback if directional control feels counterintuitive.

Key Message

Incorrect instinctive rudder inputs caused by prior equipment experience represent a subtle but serious human-factors risk. Early recognition and targeted training can significantly reduce the likelihood of loss of directional control during critical phases of flight. △

Civil Aviation Documents Published Recently

Civil Aviation Safety Alerts (CASAs)

Document number (R-Revised)	Issue number (Date issued)	Subject
CASA 2026-06	Issue 01 2026-04-22	Operational Safety Considerations for Conflict Zone Overflight
CASA 2026-05	Issue 01 2026-04-02	Suspected Unapproved Parts: Theft of Turbofan Engine Parts Before Mutilation
CASA 2026-04	Issue 01 2026-03-16	Erroneous Height Indication from Radio Altimeters
CASA 2026-03	Issue 01 2026-03-10	Localizer Signal Deviation Disturbances
CASA 2026-02	Issue 01 2026-03-06	Insufficient Clearance Between the Engine Fuel-feed Line and the Collector Tank Upper Skin Stringer
CASA 2026-01	Issue 01 2026-02-20	Spoiler Spigot Shim Missing at Multi-Function Spoiler (MFS) Actuator Installation

Advisory Circulars (ACs)

Document number (R-Revised)	Issue number (Date issued)	Subject
AC 602-011	Issue 01 2026-03-27	Review of Available Information Appropriate to the Intended Flight
AC 203-002	Issue 01 2026-03-03	Authorized Operation of a Leased Aircraft by a Non-registered Owner
AC 521-008	Issue 01 2026-02-13	Responsibilities of a Design Approval Document Holder
AC 573-008	Issue 01 2026-02-11	Approved Maintenance Organization Certificate: Application and Amendment Procedures

RECENTLY RELEASED TSB REPORTS

TSB Report A25W0077—Hard Landing

History of the flight

On July 6, 2025, the commercially registered Bell Helicopter (Bell) 206L-4 helicopter was conducting a private visual flight rules (VFR) flight from The Lodge at Panther River, Alberta, to the Hespero/Safron Residence Heliport (CTS6), Alberta, with the pilot and one passenger on board. At 1213, after a 34-minute flight, the helicopter overflew the destination, heading north. The pilot conducted a 360° turn, and from a height of approximately 700 ft above ground level (AGL), commenced a turning approach consistent with an autorotation. The approach consisted of a 123° track change and a rate of descent up to 3846 fpm. The pilot terminated the approach by conducting a power recovery before landing in the middle of a grass strip, which was oriented on a heading of 290° magnetic (M). The pilot then departed along the grass strip, on a northwest heading, and conducted a 270° turn to the right, eventually turning downwind on the southwest side of the grass strip. He levelled off at a height of approximately 300 ft AGL, at approximately 80 kts indicated airspeed (KIAS), and on a heading of 140°. At 1218:29, he started a left turn that increased to 43° of bank toward a heading of 351° in another descent consistent with an autorotation (Figure 1). At 1218:41, the maximum rate of descent in the turn was recorded to be 2362 fpm at a height of 100 ft AGL. In the next five seconds, the helicopter pitched up to 14° and the rate of descent slowed to 125 fpm at a ground speed of 30 KIAS while the helicopter banked 9° to the right. Over the next six seconds, the rate of descent increased, and the pitch fluctuated.

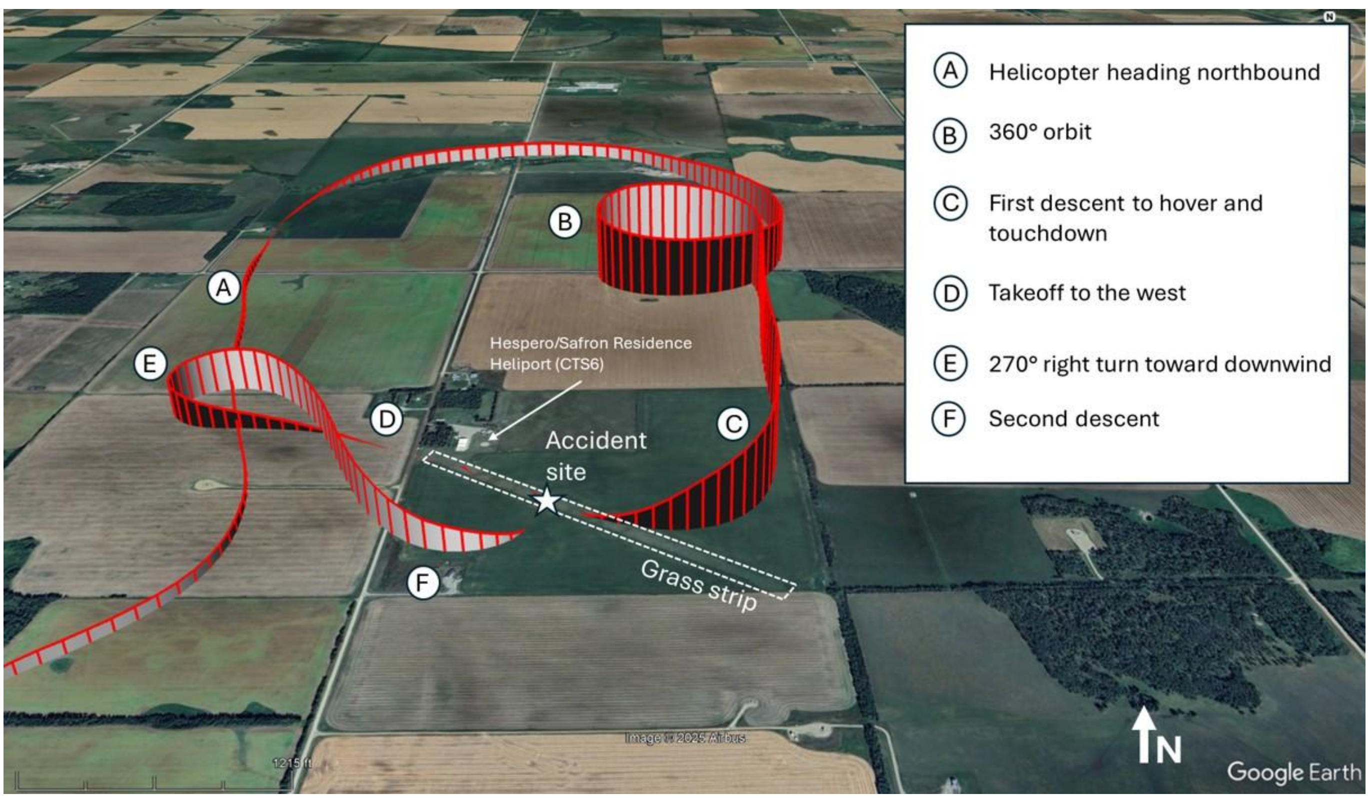

Figure 1: Map showing the occurrence helicopter's flight path (Source: Google Earth, with TSB annotations)

Figure 2: Occurrence site, looking west (Source: TSB)

The helicopter contacted the ground at 1218:50, the skid gear collapsed, and the helicopter came to rest facing the opposite direction of travel. One main rotor blade impacted the tail boom, and the tail rotor was separated from the fuselage. The second main rotor blade was found clear of the wreckage, severed outboard of the blade doublers with evidence of contact with the upper wire cutter (Figure 2). There was no post-impact fire. The passenger was fatally injured, and the pilot was seriously injured.

Weather information

Weather was not considered to be a factor in this occurrence.

Pilot information

The pilot held a commercial pilot licence–helicopter and a private pilot licence–aeroplane, along with Group 4 and Group 1 instrument ratings. His medical certificate was valid at the time of the occurrence. The pilot had successfully completed his pilot proficiency check (PPC) on the occurrence helicopter in the month before the accident. He maintained a regular training schedule, conducting recurrent training flights with a flight instructor approximately every six months. The training flights included helicopter handling and practice autorotations, including turning autorotations from heights lower than 300 ft AGL. He had completed a training flight the day before his most recent PPC. At the time of the occurrence, the pilot had accumulated approximately 3500 hours of rotary-wing flying and about 1800 hours flying the occurrence helicopter. In the 60 days preceding the occurrence, he had logged 33 flight hours, all on the occurrence helicopter.

There was no indication that the pilot's performance was negatively affected by medical or physiological factors, including fatigue.

Aircraft information

The airframe had accumulated 1919.8 hours total flight time. The collective and cyclic controls for the front-left seat had been removed, and the tail rotor control pedals for the front-left seat had been locked. The helicopter was being operated within its weight and centre of gravity limits. There was no cockpit voice recorder (CVR) or flight data recorder (FDR), nor was either required by regulation.

Representatives from the airframe and engine manufacturers were in attendance during the technical examination of the helicopter at the TSB regional office in Edmonton, Alberta. No issues were identified related to the helicopter's flight controls, systems or engine that would have prevented them from operating normally during the occurrence flight.

The caution and warning panel was sent to the TSB Engineering Laboratory in Ottawa, Ontario for light bulb filament analysis. Using an optical microscope, no broken or deformed filaments were observed; therefore it could not be determined whether any caution and warning panel lights were illuminated at the time of impact.

Autorotation training

During autorotation training, helicopter pilots are taught to practise varying the direction, speed and rotor rpm of the helicopter to reach a chosen landing spot. While it is considered vital that helicopter pilots be proficient with varying parameters, emphasis is placed on returning to a minimum rate of descent as early as possible and no later than 200 ft AGL. The risk of the rate of descent increasing up to more than 2500 fpm while conducting a turning autorotation is highlighted and instructors are taught to emphasize that the skill and judgment to handle the aircraft at varying airspeeds and rates of descent "will only come from frequent practice."

The U.S. Federal Aviation Administration (FAA) has published an advisory circular on best practices to mitigate the risks of autorotations during training, specifically while turning. The circular places emphasis on maintaining rotor rpm and airspeed and states, "(d)o not allow the nose to pitch up or down excessively during the maneuver, as it may cause undesirable rotor rpm excursions."

In Canada, there are regulations restricting emergency training with passengers during commercial operations, but not during private operations.

Survivability

The helicopter's front seats were each equipped with a four-point safety belt that consisted of a lap strap and shoulder harness. The passenger was wearing the available safety belt; however, the occurrence was not survivable for the passenger due to the force and direction of impact. The investigation was unable to determine if the pilot was wearing his shoulder harness.

Neither the pilot nor the passenger was wearing a helmet, nor were they required to be by regulation. The pilot received a serious head injury on impact. The TSB has documented several occurrences where the use of head protection contributed to the survival of the occupants or would likely have reduced or prevented injuries received by the occupants if worn. In 2024, an article "Look Like Maverick, Wear Your Helmet!" was published in Transport Canada's *Aviation Safety Letter*, advocating for the use of a helmet for all helicopter operations.

The occurrence helicopter was equipped with a 406 MHz automatic fixed emergency locator transmitter (ELT). The Joint Rescue Coordination Centre (JRCC) in Trenton, Ontario was informed of the ELT transmission at 1219 and later confirmed with local first responders that rescue and medical assistance were onsite.

Safety messages

While essential to helicopter pilot training, conducting practice autorotations can introduce risks that are higher than regular flight. Exposing passengers to these elevated risk levels should be carefully considered before pilots commence this exercise.

Pilots are reminded that the role of helmet use in preventing serious injury in helicopter accidents has been well documented.

Submission of Instructor's Corner Articles

The purpose of the *Aviation Safety Letter* instructor's corner is for instructors to share past instructing/teaching experience with the ASL readership.

Submitted articles can be addressed to a variety of readers, instructors, student pilots, private pilots, and glider, ultralight or commercial pilots. In fact, the article is for any type of student that an instructor may encounter in the course of their career, whether it be for a licence or a rating. The most important thing is that, at the end of the article, a lesson has been learned.

If you would like to submit an article or would like more information, please send an email to the following address: TC.ASL-SAN.TC@tc.gc.ca △

Photo submitted by Kevin Harberg
A Mooney M-18 Mite at CEQ3