

A – APPLICANT DETAILS Complete this form online then print or alternatively print then complete in BLOCK CAPITALS

Full name	Date of Birth/kennitala					
Permanent address and postcode	Licence no					
E-mail address	Telephone/mobile					
Employed as pilot by (AOC holder/operator)						

B - RATINGS TO BE RENEWED Complete this form online then print or alternatively print then complete in BLOCK CAPITALS

Class/Type Rating to be renewed:	Expired on:	
Last flight as Pilot Flying on class/type:	Date:	
Expired IR rating to be renewed: Yes No	Expired on:	
Last flight under IFR:	Date:	

C – FLYING EXPERIENCE Complete this form online then print or alternatively print then complete in BLOCK CAPITALS

ON CLASS/TYPE	Single Pilot (SPA under SPO)				Multi Pilot (MPA or SPA under MPO)				
	PIC	Dual	IFR	flights	PIC	COPI	Dual	IFR	flights
During the last 12 months:									
During the last 3 years:									
Other class/type during the last 12 months:									
Total experience:									

D – SIGNATURE

I, the applicant, confirm that information given on this form is correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, the licensing authority may refuse to grant me or may revoke privileges applied for or already held, without prejudice to any other action applicable under national law.

Applicant's signature (not needed if the application is submitted electronically)

Date (DD/MM/YY)

INSTRUCTIONS

Items A – D shall be filled out by the applicant. Items E – H shall be filled out by the ATO / DTO / Instructor (if SEP expired no more than three years). All supporting documents (i.e. test/check documents) must be attached otherwise the application will not be processed. The application should be clear and legible.

Samgöngustofa Ármúla 2 108 Reykjavík Sími: 480 6000 fcl@icetra.is www.samgongustofa.is **Icelandic Transport Authority** Ármúla 2 · 108 Reykjavík · Iceland · Tel: +354 480 6000 · fcl@icetra.is · www.icetra.is

E – TRAINING ORGANISATION / FLIGHT INSTRUCTOR

Training Organisation (ATO/DTO)	ATO/DTO reference no
Instructor (if SEP expired no more than three years)	License number:

F – ASSESSMENT OF THE CANDIDATE			To be completed by Training Organisation / Instructor			
Interview and logbook assessment	🗌 Yes	🗌 No		Date:		
Theoretical knowledge evaluation	🗌 Yes	🗌 No		Date:		
Evaluation in a FSTD	🗌 Yes	🗌 No		Date:		
Evaluation in flight	🗌 Yes	🗌 No		Date:		
Refresher training as per FCL.7	Refresher training as per FCL.740(b)(1) / FCL.625(c)(1) is not required (give further details)					
Refresher training is required (give further details)						
Refresher Training Plan / Assessment:						
Head of training (HT) / Instructor name				Date		
HT / Instructor signature						

G – TRAINING PROVIDED

To be completed by Training Organisation / Instructor

· · ·		To be completed by Training organisation, motivated							
	GROUND TRAINING	Number of sessions:		Total hours:					
	FSTD TRAINING ¹	Number of sessions:		Total hours:					
	FLIGHT TRAINING ¹	Number of flights:		Total hours:	Landings:				
	Date started:		Date completed:						

¹Attach copies of the relevant pages of the logbook

H – CERTIFICATE OF COMPLETION OF REFRESHER TRAINING FOR RENEWAL

I certify that the applicant has successfully completed the before mentioned refresher training for renewal of rating, according to FCL.740(b)(1) / FCL.625(c)(1), and is therefore recommended for the proficiency check.

Signature of Head of Training (HT) at ATO / DTO / Instructor

Date (DD/MM/YY)

INSTRUCTIONS

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