

A – SUPPORTING DOCUMENTS

 The following shall be attached to the application, mark in the appropriate box

<input type="checkbox"/> Course completion certificates	<input type="checkbox"/> Valid medical certificate	<input type="checkbox"/> Proof of language proficiency
<input type="checkbox"/> Logbook (filled & signed)	<input type="checkbox"/> Skill test & theoretical exams	<input type="checkbox"/> Passport photo and ID (copy)

B – APPLICANT DETAILS

Complete this form online then print or alternatively print then complete in BLOCK CAPITALS

Full name		Date of Birth
Permanent address and postcode		Licence No. (If applicable)
Training Organisation (ATO)	E-mail address	Telephone/Mobile

C – RATINGS APPLIED FOR

<input type="checkbox"/> SEP(A)	<input type="checkbox"/> Night rating (FCL.810)	<input type="checkbox"/> TMG
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D – FLYING EXPERIENCE – FCL.210.A

Dual instruction	hrs.	Min 25
Supervised Solo flight time	hrs.	Min 10
Solo Cross-Country flight time	hrs.	Min 5
Cross-Country flight no less than 270 km (150 NM) during which full stop landings at two aerodromes different from the aerodrome of departure have been made Date: _____ Distance: _____ From/To: _____ Full stop landings(where): _____		
Experience in simulator	hrs.	Max 5
Credit for PIC experience in other a/c categories <input type="checkbox"/> Helicopter <input type="checkbox"/> Sailplanes	hrs.	Max 10
Total hours	hrs.	Min 45

E – NIGHT RATING TRAINING– FCL.810

Total flight time at night	hrs.	Min 5
Dual instruction at night	hrs.	Min 3
Dual cross country instruction flight at night of at least 50 km	Duration: hrs.	Min 1
	Distance: km.	Min 50
No. of solo take offs and full landings at night:		Min 5

F - SIGNATURE

I, the applicant, hereby declare that I do not hold or have applied for the privileges applied for on this application in another member state, nor have I had my privileges revoked or suspended in another member state.

I 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.

Place: _____

Date: _____

 ATO signature (instructor)

 Applicant signature

INSTRUCTIONS

Items A - D shall be filled in by student in consultation with instructor, including information on flight hours. All supporting documents must be attached otherwise the application will not be processed. The application should be clear and legible.

- (A):** Confirm that all supporting documents are attached
- (B):** All ratings shall be confirmed by course completion certificate
- (C):** Enter information on flight hours in consultation with ATO/DTO
- (D):** Application shall be signed by applicant and instructor