

Application to Extend the Privileges of an Instructor Certificate in Accordance with Part-FCL

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.



Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing this form.

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015). **If your medical records are not held by the UK CAA, your application will be rejected.**

FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT DETAILS

(The Applicant is responsible for payment of CAA charges) To be completed by the Applicant

CAA Personal reference number (if known):

Title: Forename(s): Surname:

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent Address:

Postcode:

Telephone: Alternative telephone Number:

E-mail: Fax Number:

2. ADDRESS FOR CORRESPONDENCE (If different from above)

To be completed by the Applicant

Postal Address:

Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

4. PARTICULARS OF UK OR THIRD COUNTRY ICAO LICENCES HELD To be completed by the Applicant

Issuing Authority	Type/Class of Licence	Licence Number	Expiry Date

5. RATINGS HELD To be completed by the Applicant

Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for **each** type and/or class rating to be endorsed on your Part-FCL Licence.

Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

6. INSTRUCTOR CERTIFICATES HELD To be completed by the Applicant

Please give the date of the most recent Revalidation or renewal of Instructor Ratings held and please indicate the instructor privileges currently being exercised.

Instructor Rating held	Date of Revalidation	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

PPL ☐ CPL ☐ IMC ☐ IR ☐ MPL ☐ FIC ☐ Night ☐
 Aerobatic ☐ Towing: Glider ☐ Banner ☐ SP HPC (A) ☐
 Aircraft only ☐ Simulator only ☐ Aircraft and Simulator ☐

7. APPLICATION (Tick as appropriate)	To be completed by the Applicant
I am applying to extend the privileges of my Flight Instructor Certificate in accordance with Part-FCL: Flight Instructor: FCL.910.FI Removal of Supervisory Restriction ☐ FCL.905.FI(d) CPL ☐ FCL.905.FI(e) Night ☐ FCL.905.FI(f) Banner Towing ☐ FCL.905.FI(f) Glider Towing ☐ FCL.905.FI(f) Aerobatic ☐ FCL.905.FI(g) IR ☐ FCL.905.FI(h) SPA ME ☐ FCL.905.FI(i) FI ☐ FCL.905(j)(1) MPL ☐ FCL.905(j)(2) MPL ☐ FCL.945.Obligations for Instructors ☐ FCL.905.MI Mountain Rating Instructor ☐	
I am applying to extend the privileges of my Type Rating Instructor Certificate in accordance with Part-FCL: TRI FCL.910.TRI (b) (please specify type): FCL.910.TRI(a) Simulator ☐ FCL.910.TRI(a) Line Flying (LIFUS) ☐ FCL.910(b) TRI Aircraft ☐ FCL.910(c)(2) TRI SPH to MPH ☐ Aircraft Takeoffs and Landings only ☐	
I am applying to extend the privileges of my Class Rating Instructor Certificate in accordance with Part-FCL: CRI: FCL.905.CRI (b) (Please specify type or class) FCL.905.CRI(a) Banner Towing ☐ FCL.905.CRI(a) Glider Towing ☐ FCL.905.CRI(a) Aerobatic ☐ FCL.945 obligation for instructors ☐ FCL.905.MI Mountain Rating Instructor ☐	
I am applying to extend the privileges of my Instrument Rating Instructor Certificate in accordance with Part-FCL: FCL.905.IRI(b) ☐	
I am applying to extend the privileges of my Synthetic Flight Instructor Certificate in accordance with Part-FCL: SFI: FCL.905.SFI(b) ☐ FCL.905.SFI(c) ☐	

8. FLYING EXPERIENCE		To be completed by the Applicant				
	FI	TRI	CRI	IRI	SFI	
Total flight time (FCL.905.FI(d)), (FCL.915.SFI)						
Total flight time as Flight Instructor (FCL.905.FI(d)), (FCL.905.FI(i))						
Total flight time under IFR (FCL.905.FI(g)), (FCL.905.IRI(b))						
Total flight time PIC on applicable type or class of aeroplane (FCL.905.FI(h)), (FCL.915.TRI(c)), (FCL.905.CRI.(b)), (FCL.915.SFI(d))						
Total flight time on applicable helicopter type (FCL.95.FI(h)), (FCL.915.TRI(d)), (FCL.915.SFI(e))						
Total flight time as pilot on multi-pilot aircraft (FCL.915.TRI(b)), (FCL.915.TRI(d)), (FCL.905.IRI(b)), (FCL.915.SFI(c))						

9. FLIGHT INSTRUCTION EXPERIENCE CONFIRMATION**To be completed by the Applicant**

I certify that flight experience listed in Section 8 and the students listed in either the ATO record of Supervised Solo Flights, Air Exercises or SRG1133R and submitted with this application form are correct and meet the requirements of FCL.910.FI (c) for the removal of the supervisory restriction:

- (1) For the FI(A), 100 hours of flight instruction in aeroplanes or TMGs and, in addition has supervised at least 25 student solo flights. ☐
- (2) For the FI(H), 100 hours of flight instruction in helicopters and, in addition has supervised at least 25 student solo flight air exercises. ☐
- (3) For the FI(As), FI(S) and FI(B), 15 hours or 50 take offs of flight instruction covering the full training syllabus for the issue of a PPL(As), SPL or BPL in the appropriate aircraft category. ☐

Signature of Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**10. APPROVED COURSE CERTIFICATE****To be completed by the ATO conducting the Training**

I certify that (name) has satisfactorily completed an approved course of training in accordance with Part-FCL for the following:

i) Extend privileges to Flight Instructor Certificate to include:

FCL.905.FI(d) CPL ☐ FCL.905.FI(e) Night ☐ FCL.905.FI(f) Banner Towing ☐ FCL.905.FI(f) Glider Towing ☐
FCL.905.FI(f) Aerobatic ☐ FCL.905.FI(g) IR ☐ FCL.905.FI(h) SPA ME | FCL.905.FI(i) FI |
FCL.905(j)(1) MPL ☐ FCL.905(j)(2) MPL ☐ FCL.905.MI Mountain Rating Instructor ☐

ii) Extend privileges of TRI to include:

FCL.910.TRI (b) (please specify type):
FCL.910.TRI(a) Simulator ☐ FCL.910.TRI(a) Line Flying (LIFUS) ☐ FCL.910(b) TRI Aircraft ☐
FCL.910(c)(2) TRI SPH to MPH Aircraft Takeoffs and Landings only ☐

iii) Extend the privileges of CRI to include:

FCL.905.CRI (please specify class or type):
FCL.905.CRI(a) Banner Towing ☐ FCL.905.CRI(a) Glider Towing ☐ FCL.905.CRI(a) Aerobatic ☐
FCL.905.MI Mountain Rating Instructor ☐

iv) Extend the privileges of IRI to include: FCL.905.IRI (b) ☐

v) Synthetic Flight Instructor SFI (SPA) ☐ (MPA) ☐ (H) ☐ (PL) ☐

The course consisted of hours of flight instruction of which hours Synthetic Flight Instruction in a FNPT I, II/III, FTD 2/3 or FSS.

FSTD Identification Number of device used (which must be issued in accordance with Commission Regulation (EU) 1178/2011):

Competent Authority issuing Qualification certificate for the device:

Approved Training Organisation: ATO Approval No:

Competent Authority issuing Approval:

Name of Head of Training (or authorised signatory):

Signature of Head of Training: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1