

Application for the Revalidation or Renewal 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 256 of the Air Navigation Order 2016 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 No.	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 previously or 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 revalidate my Flight Instructor Certificate in accordance with Part-FCL: FI(A) ☐ FI(H) ☐ FI(As) ☐ FI(B) ☐ FI(S) ☐ I am applying to renew my Flight Instructor Certificate in accordance with Part-FCL: FI(A) ☐ FI(H) ☐ FI(As) ☐ FI(B) ☐ FI(S) ☐	
I am applying to revalidate the following Type Rating Instructor Certificate in accordance with Part-FCL: (Please specify types) I am applying to renew the following Type Rating Instructor Certificate in accordance with Part-FCL: (Please specify types)	
I am applying to revalidate the following Class Rating Instructor Certificate in accordance with Part-FCL: (Please specify types) I am applying to renew the following Class Rating Instructor Certificate in accordance with Part-FCL: (Please specify types)	
I am applying to revalidate the following Instructor Certificate in accordance with Part-FCL: IRI ☐ SFI ☐ MCCI ☐ STI ☐ I am applying to renew the following Instructor Certificate in accordance with Part-FCL: IRI ☐ SFI ☐ MCCI ☐ STI ☐ I require the CAA to reissue my licence with the revalidated Instructor Certificate ☐ Please note if the CAA are to reissue your licence and revalidate or renew your Instructor Certificate, there is a fee in accordance with the Scheme of Charges and you will need to complete Section 19 of this form.	

8. FLYING EXPERIENCE	To be completed by the Applicant				
	FI/CRI/IRI	TRI	SFI/STI	MCCI	FTI
Total flight instruction or launches within period of validity (FCL.940.FI), (FCL.940.TRI), (FCL.940.SFI)					
Instrument flight instruction within period of validity (FCL.940.FI), (FCL.940.IRI)					
Flight instruction in 12 months preceding expiry of Certificate (FCL.940.FI), (FCL.940.TRI), (FCL.940.CRI), (FCL.940.SFI), (FCL.940.MCCI), (FCL.940.FTI)					
Total flight tests within period of validity (FCL.940.FTI)					

9. INSTRUCTORS REFRESHER SEMINAR	To be completed by the Seminar Provider
I certify that (name) has satisfactorily attended an Instructor Refresher Seminar for the revalidation ☐ or renewal ☐ of an Instructor Certificate in accordance with Part-FCL. Date(s) of Seminar: Approved Training Organisation (ATO: ATO Approval No.:	