

APPLICATION AND REPORT FORM FOR INSTRUCTOR CERTIFICATE RAVALIDATION AND RENEWAL				
1. APPLICANTS PERSONAL PARTICULARS:				
Applicant's last name(s):		First name(s):		
Date of birth:		Tel.:		
		e-mail:		
Address:				
2. LICENCE DETAILS				
Licence type:		Number:		
Class ratings included in the licence:		Exp. Date:		
Type ratings included in the licence:				
Other ratings included in the licence:				
3. INSTRUCTIONAL FLYING EXPERIENCE				
<i>Instructors applying for revalidation of the FI certificate should enter the instructional hours flown during the preceding 36 months.</i>				
SINGLE-ENGINE		MULTI-ENGINE		INSTRUMENT
DAY:	NIGHT:	DAY:	NIGHT:	
Total instructional hours (preceding 36 months):				
Total instructional hours (preceding 12 months):				
4. FI REFRESHER SEMINAR				
1 This is to certify that the undersigned attended and FI seminar				
2 Attendee's personal particulars:				
Name(s):			Address:	
Licence number:			Expiration date of FI/IRI(A)/(H)/(As) certificate	
3 Seminar particulars:				
Date(s) of seminar:			Place:	
4 Declaration by the responsible organiser:				
<i>I certify that the above data are correct and that the FI seminar was carried out.</i>				
Date of approval:			Name(s) of organiser (<i>capital letters</i>):	
Date and place:			Signature:	
5 Declaration by the attendee:				
<i>I confirm the data under 1 through 3</i>				
Attendee's signature:				

5. ASSESSMENT OF COMPETENCE	
.....(Name(s) of applicant) has given proof of flying instructional ability during assessment of competence flight. This was done to the required standard.	
Main exercise:	
Aerodrome or site:	Total flight time:
Take-off time:	Landing time:
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Partial Pass <input type="checkbox"/>	Reason(s) why, if failed:
Location and date:	SIM or aircraft registration:
Examiner's certificate number (if applicable):	Type and number of licence:
Signature of examiner:	Name(s) in capital letters:

The assessment of instructors should be made against the following performance standards (according to AMC1 FCL.920 (b)):

Competence	Passed	Failed
Prepare resources	<input type="checkbox"/>	<input type="checkbox"/>
Create a climate conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>
Present knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Integrate TEM and CRM	<input type="checkbox"/>	<input type="checkbox"/>
Manage time to achieve training objectives	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate learning	<input type="checkbox"/>	<input type="checkbox"/>
Assesses trainee performance	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and review progress	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate training sessions	<input type="checkbox"/>	<input type="checkbox"/>
Report outcome	<input type="checkbox"/>	<input type="checkbox"/>

Assessment of Competence (according to FCL.935):

Applicant's first, last name(s): _____

SECTION 1 THEORETHICAL KNOWLEDGE ORAL		Passed	Failed
1.1.	Air law	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	Aircraft general knowledge	<input type="checkbox"/>	<input type="checkbox"/>
1.3.	Flight performance and planning	<input type="checkbox"/>	<input type="checkbox"/>
1.4.	Human performance and limitations	<input type="checkbox"/>	<input type="checkbox"/>
1.5.	Meteorology	<input type="checkbox"/>	<input type="checkbox"/>
1.6.	Navigation	<input type="checkbox"/>	<input type="checkbox"/>
1.7.	Operational procedures	<input type="checkbox"/>	<input type="checkbox"/>
1.8.	Principles of flight	<input type="checkbox"/>	<input type="checkbox"/>
1.9.	Training administration	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 PRE-FLIGHT BRIEFING		Passed	Failed
2.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3 FLIGHT		Passed	Failed
3.1.	Arrangement of demo	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	Synchronisation of speech with demo	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	Correction of faults	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	Aircraft handling	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	General airmanship and safety	<input type="checkbox"/>	<input type="checkbox"/>
3.7.	Positioning and use of airspace	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 ME EXERCISES		Passed	Failed
4.1.	Actions following an engine failure shortly after take-off	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	SE approach and go-around	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	SE approach and landing	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 5 POST-FLIGHT DE-BRIEFING		Passed	Failed
5.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
5.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
5.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
5.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
5.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETED BY EXAMINER		
FCL.1030(a)(1) I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
According to FCL.1030(b)(3) I have provided the applicant with a signed report of the assessment of competence.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have record the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:		
_____ <i>Examiner's Name, Surname / Date / Signature</i>		

COMPLETED BY APPLICANT
I confirm that I understand and agree with all the above mentioned information and have no objections. In the event of a partial pass or fail: I agree <input type="checkbox"/> / disagree <input type="checkbox"/> / N/A <input type="checkbox"/> for re-examination with the same examiner
_____ <i>Applicant's Name, Surname / Date / Signature</i>