

APPLICATION AND REPORT FORM

* delete as necessary

Applicant's last name:		First names:	
Type of licence:		Number:	
State:		Signature of applicant:	

Satisfactory completion of Type rating - training according to requirements is certified below:

1.	Theoretical training for the issue of a type rating performed during period:		
from:	to:	at:	
mark obtained:	% (Pass mark 75%)	Type and number of licence:	
Signature of instructor:		Name in capital letters:	

2.	Simulator (aeroplane type):	Three or more axes:	YES*	NO*	Ready for service and used
Simulator manufacturer:		motion / system:			
Simulator operator:		Visual aid:	YES*	NO*	
Total training time at the controls:					
Instrument approaches at aerodromes:					
to a decision altitude/height of:					
Location/date/time:			Signature of type rating instructor* / examiner*:		
Type and No of licence:			Name in capital letters:		

3.	Flight training:				
Type of aeroplane:	Registration:	Flight time at the controls:			
Take-offs:	Landings:	Training aerodromes/sites (take-offs, approaches and landings):			
Location and date:	Signature of type rating instructor* / examiner*:				
Type and No of licence:	Name in capital letters:				

Purpose of the examination:

Training record	Skill test for ATPL issue
Proficiency check for Type rating revalidation	Skill test for Type rating issue
Proficiency check for Type rating renewal	Skill test for removal of restriction "Co-pilot only"

4.	Type rating as:	Pilot-in-command*	Co-pilot*	SIM / Aircraft Reg:
Skill test*/Proficiency check* Remark: if the applicant failed the examiner shall indicate the reason why		<i>Passed*</i>	<i>Failed*</i>	
Location and date:		Type and number of licence:		
Signature of authorised examiner:		Name in capital letters:		

Name of applicant's main operator:
(used for document storage)