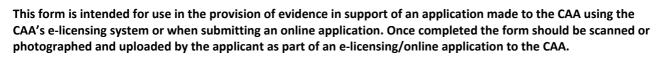
Course Completion Certificate – Modular Course





FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order 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 and on conviction on indictment with an unlimited fine or imprisonment or both.

1. APPLICANT DETAILS			
CAA Personal Reference number (if known):	Date of Birth:		
Title:			
2. CPL MODULAR OR REDUCED MODULAR TRAINING COURSE DETAILS To be completed by the Approved Training Organis			eted by the Approved Training Organisation
I certify that (name) has satisfactorily met the pre-requisite requirements in accordance with Part-FCL			
prior to commencing a course of training and has satisfactorily completed a training for the grant of a Commercial Pilot's Licence.			
I further certify that I have examined the applicants flying logbook(s) and that the entries in them meet in full the flying experience requirements for			
the grant of a Commercial Pilot's Licence (CPL) in accordance with Part-FCL.			
Aircraft class/type rating used for training (please specify):			
Date CPL course commenced:	Date CPL course	completed:	
The course consisted of:			
hours dual flight instruction of which			
hours dual instrument flight instruction			
hours dual flight visual instruction (if applicable)			
hours dual flight instruction at night (if applicable)			
hours instrument instruction			
hours of MEP asymmetric flight instruction (if applicable)			
Simulator experience (if applicable):			
hours instrument ground time in a FTD 2/3 or FNPT I FNPT II/III Flight Simulator			
FSTD Identification Number of simulator used (must be issued in accordance with the Aircrew regulation)			
Competent Authority issuing Qualification Certificate for the simulator			
BIFM credit hours of which in a simulator (if applicable) Please also attach BIFM course completion certificate to this document			
Details of credits towards flying training (if applicable):			
Recommended for Skill Test by name:		Licence number:	
Name of Approved Training Organisation (ATO):			
ATO number:			
Name of Head of Training:			Date:

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