



This form is intended for use in the provision of evidence in support of an application made to the CAA using the CAA’s online application service. Once completed the form should be scanned or photographed and uploaded by the applicant as part of an online application to the CAA.

**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.

**GUIDANCE NOTES**

**GUIDANCE NOTE 1: Authorised signatories**

An authorised signatory acts as a representative of the Head of Training, authorised by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Approved Training Organisation (ATO). The ATO must maintain a record of those so authorized.

**GUIDANCE NOTE 2: Which sections of the course completion to complete**

You are only required to complete and print the sections relevant to your application.

Application applied for	Sections to be fully completed
FI initial issue	1, 2, 3, 5
FI/CRI/IRI variation	FI - 1, 6(i) or 6(ii) / CRI - 1, 6(vi) / IRI - 1, 6 (vii)
FI/CRI/IRI renewal or revalidation	1, 5(v), 5(vi)
CRI/IRI/FTI initial issue	1, 2, 5(i), 5(ii), 5(iii), 5(iv)
MCCI initial issue or renewal	1, 4, 7
MCCI revalidation	1, 7
MCCI variation	1, 6(v), 7
FTI revalidation	1, 5(v)
FTI renewal	1, 5(v)
Mountain rating instructor initial issue	1, 2, 3, 5
TRI / SFI / STI initial issue	1, 2, 5
TRI / SFI renewal	1, 2, 5
TRI / SFI revalidation	1, 5
TRI / SFI variation	1, 2, 6
STI renewal	1, 5

1. APPLICANT DETAILS	To be completed by the Training Provider
CAA Personal Reference number (if known): .....	Date of Birth: .....
Title: ..... Forename(s): .....	Surname: .....
<b>This application is for (please select all that apply):</b> Initial issue    Renewal    Revalidation    Variation	

2. PRE-REQUISITES	To be completed by the Training Provider
I certify that (name) .....has met the pre-requisites for (certificate(s)) .....	
I further certify that I have examined the Pilot’s logbook and confirm they have met the pre-requisite hours requirements: Yes                      No                      N/A	
The following hours have been flown and verified in the pilot’s logbook (please provide a summary of total hours as per the requirements in the regulation):	
<b>Training Provider Details:</b>	
Name of Approved Training Organisation (ATO) (if applicable): ..... ATO number (if applicable): .....	
Competent Authority issuing approval (if applicable) : .....	
Name of Head of Training (or authorised signatory): .....	
Signature of Head of Training or authorised signatory: ..... Date: .....	

3. Flight or Mountain Rating Instructor (FI/MI) Pre-Entry Flight Test	To be completed by the Instructor
I confirm the pilot has satisfactorily completed a pre-entry flight test on (date): .....	
I recommended the pilot for the specified course (select one): Flight Instructor (FI)                      Mountain Rating Instructor (MI)	
Name of FI/MI who conducted the flight test: .....	
Instructor reference number: ..... Competent authority issuing certificate: .....	
Signature of Instructor: ..... Date: .....	



<b>5)v) Instructor refresher training course</b>	<b>To be completed by the Training Provider</b>
I confirm the pilot has satisfactorily completed the instructor refresher training course on ..... (date).	
For the revalidation or renewal of an instructor Certificate in accordance with Part-FCL	
<b>Training Provider Details</b>	
Name of Approved Training Organisation (ATO): (if applicable):.....ATO number (if applicable): .....	
Competent Authority issuing approval (if applicable) : .....	
Name of Head of Training (or authorised signatory): .....	
Signature (Head of Training): .....Date: .....	

<b>5)vi) Instructor revalidation/renewal information</b>	<b>To be completed by the Examiner</b>								
I can confirm that the pilot has met the requirements of Part-FCL for the revalidation/renewal of the following Instructor:									
FI(A)	FI(H)	FI(As)	CRI	IRI	SFI	STI	TRI	MCCI	MI
The Certificate of Revalidation has been signed and the rating/certificate is valid until (date) .....									
Examiner's Name: ..... Examiner's Number: .....									
Competent Authority issuing Examiner's Certificate: .....									
Signature (Examiner): ..... Date: .....									

<b>6. Training Course/Information Details</b>	<b>To be completed by the Training Provider</b>	
<b>6)i) Flight instructor variation (course)</b>		
I certify that the pilot has satisfactorily met the variation hours requirement(s) in accordance with Part-FCL for the following:		
Extend privileges to flight instructor certificate to include:		
FCL.905.FI(h) IR	FCL.905.FI(h) IR(R)	FCL.905.FI(i) SPA ME
<b>Please note section 5 iv) must be completed with the relevant course information</b>		
<b>Training Provider Details:</b>		
Name of Approved Training Organisation (ATO) (if applicable):..... ATO number (if applicable): .....		
Competent Authority issuing approval (if applicable) : .....		
Name of Head of Training (or authorised signatory): .....		
Signature of Head of Training or authorised signatory: ..... Date.....		

<b>6)ii) Flight instructor variation (other)</b>	<b>To be completed by the Instructor</b>	
I certify that the pilot has satisfactorily met the variation requirement(s) in accordance with Part-FCL for the following:		
Extend privileges to flight instructor certificate to include:		
FCL.905.FI(c) Flying multi-pilot operations on a single pilot aircraft	FCL.905.FI(e) CPL	FCL.905.FI(j) FI, IRI, CRI, STI or MI
Signature of Instructor: ..... Date.....		

I certify that the pilot has satisfactorily met the variation requirement(s) in accordance with Part-FCL for the following:	
Extend privileges to flight instructor certificate to include:	
FCL.905(k)(1) MPL	
I certify that the pilot has satisfactorily completed at least 500 hours of flight time as a pilot in aeroplanes, including at least 200 hours of flight instruction	
Signature of Instructor: ..... Date.....	

I certify that the pilot has satisfactorily met the variation requirement(s) in accordance with Part-FCL for the following:	
Extend privileges to flight instructor certificate to include:	
FCL.905(k)(2) MPL	
I certify the pilot holds a multi-engine aeroplane IR and the privilege to instruct for an IR And	
I confirm the pilot has satisfactorily completed at least 1500 hours of flight time in multi-crew operations or	
Is already an FI qualified to instruct on ATP(A) or CPL(A)/IR integrated courses and has completed a structured course consisting of the following training :	
MCC qualification	
Observation of five sessions of flight instruction in Phase 3 of an MPL course	
Observation of five session of flight instruction in Phase 4 of an MPL course	
Observation of five operator recurrent line-oriented flight training sessions	
The content of the MCCI course	
Signature of Instructor: ..... Date.....	

I certify that the pilot has satisfactorily met the variation requirement(s) in accordance with Part-FCL for the following:

FCL.905.FI(f) Night      FCL.905.FI(g) Banner Towing      FCL.905.FI(g) Glider Towing      FCL.905.FI(g) Aerobatic

Date of demonstration flight: .....

Name of Instructor: ..... Instructor Reference Number: .....

Competent Authority issuing Instructor's Certificate: .....

Signature of Instructor: ..... Date.....

**6)iii) TRI variation****To be completed by the Training Provider**

I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges of TRI in accordance with Part-FCL for the following:

FCL.905.TRI(2)      FCL.905.TRI(3) (SPHPA) SP to MP

FCL.910.TRI(b)/(c) (please specify type): .....

FCL.910.TRI(a) FSTD      FCL.910.TRI(a) Line Flying (LIFUS)      FCL.910.TRI(b) Aircraft

FCL.910(c)(2) TRI SPH to MPH      FCL.910.TRI(a) Aircraft Takeoffs and Landings only

**Training Provider Details:**

Name of Approved Training Organisation (ATO) (if applicable): ..... ATO number (if applicable): .....

Competent Authority issuing approval (if applicable) : .....

Name of Head of Training (or authorised signatory): .....

Signature of Head of Training or authorised signatory: ..... Date.....

**6)iv) SFI variation****To be completed by the Training Provider**

I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges of SFI in accordance with Part-FCL for the following:

FCL.905.SFI(b) (SPHPA) SP to MP

FCL.910.SFI (please specify type): .....

**Training Provider Details:**

Name of Approved Training Organisation (ATO) (if applicable):..... ATO number (if applicable): .....

Competent Authority issuing approval (if applicable) : .....

Name of Head of Training (or authorised signatory): .....

Signature of Head of Training or authorised signatory: ..... Date.....

**6)v) MCCI variation****To be completed by the Training Provider**

I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges of MCCI in accordance with Part-FCL for the following:

FCL.910.MCCI (please specify type): .....

**Training Provider Details:**

Name of Approved Training Organisation (ATO) (if applicable): ..... ATO number (if applicable): .....

Competent Authority issuing approval (if applicable) : .....

Name of Head of Training (or authorised signatory): .....

Signature of Head of Training or authorised signatory: ..... Date.....

**6)vi) CRI variation****To be completed by the Training Provider**

I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges of CRI in accordance with Part-FCL for the following:

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.CRI(ba) Flying multi-pilot operations on a single pilot (please specify class or type): .....

Date of demonstration/assessment flight: .....

Name of Instructor/Examiner ..... Instructor/Examiner reference number.....

Signature of Instructor/Examiner..... Date.....

6)vii) IRI variation	To be completed by the Training Provider
I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges of IRI in accordance with Part-FCL for the following:	
FCL.905.IRI(b) (upgrade to MPL)	FCL.915.IRI(a) (adding ME privileges in aeroplanes) <b>Note: Must also complete section 5(iv)</b>
FCL.915.IRI(b) (adding ME privileges in helicopters) <b>Note: Must also complete section 5(iv)</b>	
<b>Training Provider Details:</b>	
Name of Approved Training Organisation (ATO) (if applicable): ..... ATO number (if applicable): .....	
Competent Authority issuing approval (if applicable): .....	
Name of Head of Training (or authorised signatory): .....	
Signature of Head of Training or authorised signatory: ..... Date.....	

6)viii) Mountain Rating Instructor variation	To be completed by the Training Provider
I certify that the pilot has satisfactorily met the variation requirement(s) to extend privileges in accordance with Part-FCL for the following:	
FCL.930.MI(a) Mountain Rating Instructor (wheels)	
FCL.930.MI(a) Mountain Rating Instructor (skis)	
FCL.930.MI(a) Mountain Rating Instructor (wheels and skis)	
<b>Training Provider Details:</b>	
Name of Approved Training Organisation (ATO) (if applicable): ..... ATO number (if applicable): .....	
Competent Authority issuing approval (if applicable) : .....	
Name of Head of Training (or authorised signatory) : .....	
Signature of Head of Training or authorised signatory: ..... Date.....	

7) Observation Report Form for Multi-Crew Co-Operation Instructor (A/H/PL)		To be completed by the Examiner
FSTD Qualification Number: .....		Aircraft Represented: .....
Date: .....		Start time: ..... Finish time: ..... Duration: .....
	Assessment	Remarks
a)	Prepare Resources	
b)	Create a climate conducive to learning	
c)	Present knowledge	
d)	Integrate threat and Error management (TEM) and crew resource management	
e)	Manage time to achieve training objectives	
f)	Facilitate learning	
g)	Assess trainee performance	
h)	Monitor and review progress	
i)	Evaluate training sessions	
j)	Report outcome	
I confirm that the Applicant detailed in Section 1 above has conducted at least 3 hours of flight / MCC instruction under my supervision and to my satisfaction, in accordance with Part-FCL.920, Part-FCL.930.MCCI and / or Part-FCL.940.MCCI and should therefore be issued with the following authorisation.		
Initial Authorisation	Revalidation/Renewal	Variation
Multi-Crew Co-Operation Instructor (A)		
Multi-Crew Co-Operation Instructor (H)		
Multi-Crew Co-Operation Instructor (PL)		
<b>Examiner Details</b>		
Name of Examiner: .....		Examiner reference number: .....
Competent Authority issuing Examiner's Certificate: .....		
Signature of Examiner: ..... Date.....		