Aerobatic/ Sailplane Towing/ Banner Towing/ Mountain/ Flight Test Rating Course Completion Certificate



For pilots holding UK issued Part-FCL or UK ANO licences only

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.
1. APPLICANT DETAILS
CAA Personal Reference number (if known): Date of Birth:
Title: Surname: Surname:
2. ADDITIONAL RATING COURSE DETAILS To be completed by UK ATO/DTO holding the correct course approval
I certify that (name)
Mountain Rating: Issue Renewal
I further certify that I have examined the applicants flying log(s) and the entries in them meet in full the pre-course and flying experience
requirements for the issue of the above Additional Rating in accordance with Part-FCL
Date training commenced: Date training completed:
Number of Aircraft training hours completed on course:
Aircraft Type or Class and Registration used:
Number of take-offs and landing or launches:
Number of theoretical training hours completed on course: hours
Mountain Rating only:
Recommended for Skill Test by (name):
3. CREDITS To be completed by UK ATO/DTO holding the course approval
I certify that (name) has received the following credits:
(please provide an explanation for the reason for credit. This includes discretionary training completed to transfer the privilege from an ICAO licence to a UK licence).
Name of UK training provider (ATO/DTO):
UK ATO/DTO number:
Name of Head of Training: Date: Date:
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