

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:
This application is for (please select all that apply): 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):

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:

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:

4. MCCI Course Instructor (if applicable)	To be completed by the Training Provider
I can confirm that I have reviewed the pre-entry requirements alongside the applicant's experience and can confirm that the applicant meets Part-FCL.915.MCCI pre-entry requirements and FCL.930.MCCI a1) + a2) and/or FCL.940.MCCI (where appropriate) and therefore propose that the applicant proceed to formal observation by CAA or a nominated deputy.	
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.....	

5. TRAINING COURSE DETAILS	To be completed by the Training Provider
5)i) Theoretical knowledge	To be completed by the Training Provider
..... hours of theoretical knowledge (TK) instruction	
The applicant has satisfactorily completed: (<i>select one</i>): Full TK training Reduced TK training Not applicable	
The applicant has completed reduced course of TK training on the basis of: (if applicable)	
5)ii) Teaching and learning	To be completed by the Training Provider
..... hours of teaching and learning completed	
The applicant has satisfactorily completed: (<i>select one</i>) Full teaching and learning Reduced teaching and learning Not applicable (exempt)	
The applicant has completed a reduced course of teaching and learning in accordance with FCL.915(c)(1) on the basis of: (if applicable)	
5)iii) Technical training (IRI, CRI initial issue)	To be completed by the Training Provider
The applicant has satisfactorily completed hours of technical theoretical training	
5)iv) Flight training	To be completed by the Training Provider
I confirm the pilot has satisfactorily completed an approved course of training in accordance with Part-FCL for the following:	
i)	FI(A) FI(H) FI(AS) FCL.900C FI(A) FCL.900C FI(H)
ii)	Class Rating Instructor CRI SE ME
iii)	Instrument Rating Instructor IRI(A) IRI(H) IRI (AS)
iv)	Flight Test Instructor
v)	Mountain Rating Instructor (FCL.930.MI(a))
vi)	Type Rating Instructor TRI(A) (Please specify type):
vii)	Type Rating Instructor TRI(H) (Please specify type):
viii)	Type Rating Instructor TRI(PL) (Please specify type):
ix)	Type Rating Instructor issued in accordance with FCL.725(e) (Please specify type)
x)	Synthetic Flight Instructor SFI (Please specify type):
xi)	Synthetic Flight Instructor SFI (SPA) (MPA) (H) (PL)
xii)	Synthetic Training Instructor STI A H
Course start date: Course end date:	
The applicant has satisfactorily completed: (select one) Full flight training Reduced flight training Not applicable	
The applicant has completed a reduced course of flight training on the basis of: (if applicable)	
The course consisted of hours of flight instruction of which hours instrument ground time in a FTD 2/3 or FNPT I or FNPT II/III or FFS.	
FSTD identification number of simulator used (which must be issued in accordance with UK Regulation No. 1778/2011)	
Competent Authority issuing qualification certificate for the simulator:	
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.....	

5)v) Instructor refresher training course**To be completed by the Training Provider**

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

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 (Head of Training):Date:

5)vi) Instructor revalidation/renewal information**To be completed by the Examiner**

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:

6. Training Course/Information Details**To be completed by the Training Provider****6)i) Flight instructor variation (course)**

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

Please note section 5 iv) must be completed with the relevant course information**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)ii) Flight instructor variation (other)**To be completed by the Instructor**

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. In addition, I can confirm that the pilot has successfully completed an MPL instructor training course at an ATO, as detailed in FCL.925. Please attach a copy of the MPL instructor certificate

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 can confirm that the pilot has successfully completed an MPL instructor training course at an ATO, as detailed in FCL.925 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

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. In addition, I can confirm that the pilot has successfully completed an MPL instructor training course at an ATO, as detailed in FCL.925. Please attach a copy of the MPL instructor certificate

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)

FCL.915.IRI(b) (adding ME privileges in helicopters)

Note: Must also complete section 5(iv)**Note: Must also complete section 5(iv)****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)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)

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.....

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)

Examiner Details

Name of Examiner: Examiner reference number:

Competent Authority issuing Examiner's Certificate:

Signature of Examiner: Date.....