



**Aerobatic Instructor (A)**

Applicant's licence number:

**Applicant** last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_

place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_

post code: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_

phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_

e-mail: \_\_\_\_\_ signature of applicant: \_\_\_\_\_

**Summary of conditions for the issue of an AEROBATIC INSTRUCTOR (A)**

**Initial issue**

- a) Valid FI(A) or CRI(A) date : \_\_\_\_\_  
 Aerobatic Rating ACR date : \_\_\_\_\_
- b) Training Course at an ATO including:
  - 1) Theoretical Knowledge Instructor : \_\_\_\_\_
  - 2) Aerobatic flight instruction MNM 10 flights : \_\_\_\_\_
- c) Name and signature of Flight Instructor: \_\_\_\_\_  
 according FCL.905.FI(f)

**The undersigned confirms the above data and the completion of the aerobatic training course according the approved syllabus. Based on the performance during the course, he recommends the applicant for the issue of an AEROBATIC INSTRUCTOR AEROPLANE:**

ATO name, authorization number and stamp: \_\_\_\_\_

Head of Training, name: \_\_\_\_\_ first name: \_\_\_\_\_

location and date: \_\_\_\_\_ signature Head of Training \_\_\_\_\_

Send this form to **Federal Office for Civil Aviation FOCA, Flight Personnel, CH-3003 Berne**

FOCA internal use only: \_\_\_\_\_ date: \_\_\_\_\_

Remarks: \_\_\_\_\_ visum: \_\_\_\_\_