



Swiss Confederation

**Revalidation/Renewal
Examiner Authorisation**

Applicant's licence number:

Applicant

Last name: _____ First name: _____ Date of birth: _____

Postal code: _____ City: _____ Street: _____

E-mail: _____ Signature of applicant: _____

Invoice to be sent to: applicant company

Authorisation

- SPA MPA SPH/MPH Balloon Sailplane Senior Examiner
 TRE SFE
 FIE FE IRE CRE MOU HDF(H)

Validity period: from _____ until _____

Note: Holders of multiple examiner authorisations shall fulfill the revalidation requirements for each type of examiner authorisation (e.g. SPA, MPA, balloon, sailplane and helicopter). Please fill in a revalidation form for each type of examiner authorisation.

FOCA Examiner refresher course attended (during last 12 month of validity)
 Location & date: _____ (enclose course certificate)

FOCA Examiner assessment of competence (during last 12 month of validity)
 Location & date: _____ (enclose form 67.930)

Record of examiner activity during authorisation period

Year 1 of validity period	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items	
					<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items	
				<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP	Remarks:
Total number of tests / checks or assessment of competence conducted during year 1:					

Year 2 of validity period	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
				<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
				<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
Total number of tests / checks or assessment of competence conducted during year 2:				

Year 3 of validity period	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
				<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
	Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
				<input type="checkbox"/> LAPL <input type="checkbox"/> BPL/SPL/PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU (A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
Total number of tests / checks or assessment of competence conducted during year 3:				

FOCA internal use only:

Validity date: _____ no change change Date: _____

Remarks: _____ Visum: _____