



**Revalidation Class Rating
SEP / TMG**

Applicant's licence number:

Training / experience report form

Applicant last name: _____ first name: _____ date of birth: _____

place of birth: _____ place of origin: _____ nationality: _____

private address: post code: _____ city: _____ street: _____

phone/fax home: _____ phone/fax office: _____

e-mail: _____

Summary of the experience and training for the revalidation of the CR SEP/TMG

- a) CR SEP / TMG valid until: _____
- b) EASA Medical class 1 or 2 valid from: _____
valid until: _____
- c) flight time within 12 months (on SEP / TMG) preceding the expiry date of the rating (MNM 12 HR) _____ hours
- d) PIC flight time within 12 months preceding the expiry date of the rating (on CR SEP / TMG) (MNM 6 HR) _____ hours
- e) take-offs and landings within 12 months preceding the expiry date of the rating (on CR SEP / TMG) (MNM 12 each) _____ take-offs _____ Ldgs
- f) training flight with FI(A) / CRI(A) (MNM 1 HR) _____ hour(s) date: _____ place: _____
(on CR SEP / TMG) within 12 months preceding the expiry date of the rating

Confirmed by: **Instructor** last name: _____ first name: _____
licence number: _____
Foreign EASA-FI/CRI(A) must enclose a photocopy of the corresponding licence with entry FI(A) or CRI(A)
location & date: _____ signature of flight instructor: _____

or any other EASA Part FCL proficiency check or skill test for a class or type date: _____ place: _____
enclose a copy of the appropriate form (first page only).

By signing this form, I declare:

1. I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
2. I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
3. I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.
4. that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

The applicant must attach copies of the logbook for the last 12 months preceding the expiry date of the CR SEP/TMG.

Signature of applicant: _____ Date and place: _____

Data confirmed by the airport authority (authorized duty manager of Swiss airport authority) or examiner (during proficiency check/ skill test)

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

Airport authorization number: _____

name of manager/examiner: _____ first name: _____

location and date: _____ signature manager/examiner: _____