



NIGHT for PPL(H)

Applicant's licence number:

Applicant

Last name: _____ First name: _____ Date of birth: _____
 Place of birth: _____ Place of origin: _____ Nationality: _____
 Postal code: _____ City: _____ Street: _____
 Phone/fax home: _____ Phone/fax office: _____
 E-mail: _____ Signature of applicant: _____

Training / experience report form

Details of the experience and training for NIGHT qualification helicopter

- a) Flight experience after the issue of PPL(H) licence: (MNM 100 HR TOTAL) hours: _____
 (MNM 60 HR PIC) hours: _____
 (MNM 20 HR Cross Country) hours: _____
- b) Training course completed (MAX 6 months)..... date: _____
- c) Theoretical knowledge instruction (MNM 5 HR) hours: _____
- d) Helicopter dual instrument instruction time (MNM 10 HR) hours: _____
- e) Night flight experience in helicopters (MNM 5 HR) hours: _____
- f) night landings Idgs: _____
- g) Dual instruction (MNM 3 HR) hours: _____
 - including cross country navigation (MNM 1 HR) hours: _____
 - solo night circuits including take-off and landing (MNM 5 Take-offs) take-offs: _____
 (MNM 5 Landings).....landings: _____

h) Attach copies of logbook, showing NIGHT training and instructor confirmation of completion

Instructor

last name: _____ first name: _____
 licence number: _____ FI signature: _____

ATO / DTO

name: _____ registration no: _____
 name of Head of Training: _____ licence no: _____
 location & date: _____ signature of Head of Training: _____

FOCA internal use only:

212 NIGHT (H): _____ date: _____
 remarks: _____ visum: _____