



## Aeroplane CR/TR Renewal Refresher Training Details

Applicant's licence number:

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

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

private address: postal code: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Employed as pilot by (AOC holder/ operator): \_\_\_\_\_

Class/Type Rating to be renewed:			expired on:
Last flight as Pilot Flying on class/type:			date:
IR to be renewed:	<input type="checkbox"/> N/A	<input type="checkbox"/> no	<input type="checkbox"/> yes
Last flight under IFR			date:

		Single Pilot (SPA under SPO)				Multi Pilot (MPA or SPA under MPO)				
		PIC	Dual	IFR	flights	PIC	COPI	Dual	IFR	flights
On class/type	During the last 12 months:									
	During the last 3 years:									
	Total Experience:									
Other class/type during the last 12 months:										
Total experience										

I declare that the information provided on this form is correct

location: \_\_\_\_\_ date: \_\_\_\_\_ signature of applicant: \_\_\_\_\_



Applicant's licence number:

**ATO/DTO name:**

registration number:

address: postal code:

city:

street:

phone/fax:

e-mail:

**ATO/DTO Assessment of the candidate**

Interview and logbook assessment	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Theoretical knowledge evaluation	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Evaluation in a FSTD	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Evaluation in flight	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
<input type="checkbox"/> Refresher training as per FCL740(b)(1)/ FCL.625(c)(1) is not required					
<input type="checkbox"/> Refresher training is required					
Refresher Training Plan:					
HT name:		date:		signature:	

**Training Provided**

Date started:		date completed:	
Ground training	number of sessions:		total hours:
FSTD training*	number of sessions:		total hours:
Flight training*	number of flights:		total hours:
			landings:

\*attach copies of the relevant pages of the logbook

The refresher training according FCL.740(b)(1)/FCL.625(c)(1) has been completed, the candidate is recommended for the proficiency check

HT name: \_\_\_\_\_ licence number: \_\_\_\_\_

location & date \_\_\_\_\_ signature: \_\_\_\_\_