## NIT Night VFR

### Training / experience report form

**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 the experience and training for night qualification aeroplane**

- **a)** night flight experience (MNM 5 HR) hours: __________
- **b)** night landings landings: __________
- **c)** dual instruction (MNM 3 HR) hours: __________
  - including min. 50 km dual cross country navigation (MNM 1 HR) hours: __________
  - solo take-offs and full-stop landings (MNM 5) actual take-offs: __________
  - (MNM 5) actual landings: __________
- **d)** basic instrument flight training for PPL (applicable for LAPL holder only) date: __________
- **e)** Attach copies of logbook, showing NIT training and confirmation of completion

**Instructor**
- last name:
- first name:
- licence number:
- signature of flight instructor:

**ATO/DTO**
- name:
- registration number:
- name of Head of Training:
- licence number:
- location & date:
- signature of Head of Training: