



NIT
Night VFR

Training / experience report form

Applicant's licence number:

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: _____