Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC
Federal Office of Civil Aviation FOCA
Safety – Division Flight Personnel
3003 Bern

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) (on CR SEP / TMG) within 12 months preceding the expiry date of the rating (MNM 1 HR) _____ hour(s) date: _____ place: _____

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 enclose a copy of the appropriate form (first page only). date: _____ place: _____

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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.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 relevant logbook pages (minimum revalidation requirements).

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: