

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 Switzerland

Confirmation	of	landing	training
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Applicant's licence number:



Applicant : Last name:	First name:	Date of birth:
Private address: Street/bo	x:	
Postal code:	City:	Country:
Phone mobile:	e-mail:	
Employed as pilot by (comp	any name):	

## AMC2 ORA.ATO.125 Training programme

## (k) Aeroplane training with FFS

(1) with the exception of courses approved for ZFTT, certain training exercises normally involving take-off and landing in various configurations should be completed in the aeroplane rather than an FFS. For MPAs where the student pilot has more than 500 hours of MPA experience in aeroplanes of similar size and performance, these should include at least four landings of which at least one should be a full-stop landing, unless otherwise specified in the OSD established in accordance with Regulation (EC) 1702/2003, when available. In all other cases the student should complete at least six landings. This aeroplane training may be completed after the student pilot has completed the FSTD training and has successfully undertaken the type rating skill test, provided it does not exceed 2 hours of the flight training course.

Aircra	ft Type:	Registration:				
Flight	Routing:	Flight time:				
Date	<u>.                                    </u>	Ldg's:	Apch's:			
Attac	hed:					
	Copy of the relevant page(s) of the applicant's logbook	,				
	Copy of instructors licence (not required for Swiss instructors)					
	Copy of ATO/AOC holder approval to provide landing training (not required for Swiss ATO/AOC holder)					
Instr	uctor: last name:	first name:				
licent	ce number:	signature:				
	/ <b>AOC holder (if approvad by an EASA NAA)</b> name: <sup>1)</sup> stration number:					
<u>HT/P</u>	HCT/ name:		licence number:			
<u>locati</u>	on & date:		signature:			
<sup>1)</sup> if n	ot applicable, please attach FOCA Form 60.536					

ADMINISTRATIVE INFORMATION - FOR FOCA ONLY

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