

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel

Safety – Division Flight Personnel 3003 Bern Switzerland

Confirmation of Line Flying under Supervision

|--|

Applicant	olicant last name:			first name:		date of birth:	
place of birth	ce of birth: place of		ce of origin:	nationality:			
private addre	ess: postal code:	city	r:	s	street:		
phone/fax ho	x home: phone/fax office:						
e-mail:			signat	ure of applicant:			
Employed as	pilot by (compan	y name)					
shall: (1) commenate training Enroute fl Attached: Copy o	of aeroplanes, ace line flying up the provided by the ight training	under supervision ne operator. The l: age(s) of the applic	n not later than 2 content of such t	1 days after the	-	raining (ZFTT) course I test or after appropri- ations manual.	
Type of airc	raft:						
Date:	Sector		Flight time	Registration	TRI		
Dale.	from	to		of aircraft	Name	Licence number	
AOC name EASA Certificate number: HT/PHCT name: licence number: location & date: signature:							
FOCA interna	-	& print of licence			date:		
remarks:					visum:		