



Aerobatic Rating (A)

Application form

Applicant's Licence Nr.

Applicant : Last name: _____ First name: _____ Date of birth: _____

Private address: Street: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ E-mail: _____

Signature of applicant

Issue of an AEROBATIC rating (A)

1. At least **30 h** experience as PIC on aeroplanes or TMG, since license issue aeroplane hours: _____

TMG hours: _____

2. Training Course at an ATO/DTO including:

a. Theoretical Knowledge Instructor: _____

b. At least **5 h** aerobatic flight instruction: aeroplane hours _____

TMG hours: _____

c. Demonstration of a solo aerobatic flight programm date: _____

Flight instructor: _____ licence nr: _____

signature: _____

3. Enclose course completion certificate containing a description of the aerobatic manoeuvres trained to proficiency, together with the copies of the relevant logbook pages.

4. Enclose ATO Approval Certificate and instructor's licence (applicable only for non Swiss instructor and non Swiss ATO)

Data confirmed by ATO/DTO	
ATO / DTO name: _____	Registration no: _____
Name of Head of Training: _____	Licence no: _____
Location & date: _____	Signature of Head of Training: _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

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