



<b>EBT TR MP(A)</b>
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Application & report form

Applicant's Licence  
Type & Nr.

<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	<input type="checkbox"/> MPL

Applicant : Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Private address: Street/box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employed as pilot by (company name) \_\_\_\_\_ Position in the operator: \_\_\_\_\_

Invoice and licence to be send to:  company

**To be completed by EBT Manager:**

EBT Module Nr.				<input type="checkbox"/> MFF ACFT Type :			
EBT Module	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes .FCL.	C or NC		C or NC	Date:	Time UTC:	FSTD-ID
		EVAL	<input type="checkbox"/> <input type="checkbox"/>				
	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes .FCL.	MT	<input type="checkbox"/> <input type="checkbox"/>	ITT (SBT)	<input type="checkbox"/> <input type="checkbox"/>	Block OFF: Block ON:	
		SBT	<input type="checkbox"/> <input type="checkbox"/>				
If ITT or SBT NC = AFT required		AFT	<input type="checkbox"/> <input type="checkbox"/>	If AFT still NC report to FOCA		Block OFF: Block ON:	

IF ITT or AFT is required (grading 2 or below) fill in the following remark box: (ITT = Individual Tailored Training, AFT = Additional FSTD Training):

<input type="checkbox"/> KNO	<input type="checkbox"/> PRO	<input type="checkbox"/> FPM	<input type="checkbox"/> FPA	<input type="checkbox"/> COM	<input type="checkbox"/> LTW	<input type="checkbox"/> PSD	<input type="checkbox"/> SAW	<input type="checkbox"/> WLM
Remarks:								

EBT Module Nr.				<input type="checkbox"/> MFF ACFT Type :			
EBT Module	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes .FCL.	C or NC		C or NC	Date:	Time UTC:	FSTD-ID
		EVAL	<input type="checkbox"/> <input type="checkbox"/>				
	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes .FCL.	MT	<input type="checkbox"/> <input type="checkbox"/>	ITT (SBT)	<input type="checkbox"/> <input type="checkbox"/>	Block OFF: Block ON:	
		SBT	<input type="checkbox"/> <input type="checkbox"/>				
If ITT or SBT NC = AFT required		AFT	<input type="checkbox"/> <input type="checkbox"/>	If AFT still NC report to FOCA		Block OFF: Block ON:	

IF ITT or AFT is required (grading 2 or below) fill in the following remark box: (ITT = Individual Tailored Training, AFT = Additional FSTD Training):

<input type="checkbox"/> KNO	<input type="checkbox"/> PRO	<input type="checkbox"/> FPM	<input type="checkbox"/> FPA	<input type="checkbox"/> COM	<input type="checkbox"/> LTW	<input type="checkbox"/> PSD	<input type="checkbox"/> SAW	<input type="checkbox"/> WLM
Remarks:								

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY



Licence Nr.

EBT Module Nr.				<input type="checkbox"/> MFF ACFT Type :			
EBT Module	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes <input type="checkbox"/> no .FCL.	C or NC		C or NC	Date:	Time UTC:	FSTD-ID
		EVAL	MT				
	The instructor that conducted the training to the applicant has been standardized <input type="checkbox"/> yes <input type="checkbox"/> no .FCL.	SBT	<input type="checkbox"/>	ITT (SBT)	<input type="checkbox"/>		Block OFF: Block ON:
		ISI	n/a				
If ITT or SBT NC = AFT required		AFT	<input type="checkbox"/>	If AFT still NC report to FOCA			Block OFF: Block ON:

If ITT or AFT is required (grading 2 or below) fill in the following remark box: (ITT = Individual Tailored Training, AFT = Additional FSTD Training):

<input type="checkbox"/> KNO	<input type="checkbox"/> PRO	<input type="checkbox"/> FPM	<input type="checkbox"/> FPA	<input type="checkbox"/> COM	<input type="checkbox"/> LTW	<input type="checkbox"/> PSD	<input type="checkbox"/> SAW	<input type="checkbox"/> WLM
Remarks:								

EBT Renewal with expiry date less than 12 months acc. GM1 ORO.FC.231(a)(5)
<input type="checkbox"/> (a)(1) Expiry less than 3 months: Missing EBT module is rescheduled with an EBT instructor. Following that, the EBT manager for the type rating may renew the licence without extra training. At least two complete boxes of this form have to be filled out during the last 12 months. <input type="checkbox"/> (a)(2)(i) One module missing: At least two simulator sessions before resuming line operations. At least two complete boxes of this form have to be filled out during the last 12 months. <input type="checkbox"/> (a)(2)(ii) Two modules missing: the pilot must complete the one module (two simulator sessions) and training topics B and C of the other missing module (an extra simulator session) with a total of three simulator sessions. A EBT instructor with examiner privileges is involved to ensure the proficiency of the pilot:
Name of TRE:

<input type="checkbox"/> <b>I confirm that the operator's EBT programme has been completed in full compliance with the provisions of Part FCL. Appendix 10 and Part ORO.FC.231</b>	
<input type="checkbox"/> <b>I confirm that the integrity of the applicant training from data is ensured</b> <span style="float: right;">to</span>	
EBT Manager last name:	First name:
Examiner licence Nr.:	Examiner certificate valid until:
Date and place:	Signature of EBT Manager:

With the above signature the EBT manager has verified with the applicant, that:

<ul style="list-style-type: none"> <li>He does 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.</li> <li>He has 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.</li> <li>He has 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.</li> <li>the information provided is correct. He is 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.</li> </ul>
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