



**Revalidation class rating
SEP SEA**

Application & report form

Applicant's licence no.

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

Address: Street/box: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ e-mail: _____

- a) CR SEP SEA valid until: _____
- b) EASA medical class ☐ 1 or ☐ 2 valid until: _____
- c) flight time within 12 months (on SEP) 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 SEP) (MNM 6 HR) _____ hours **of which**
(MNM 1 HR) _____ hour(s) on SEP sea
_____ hours on SEP land (if a valid SEP land is held)
- e) take-offs and landings within 12 months preceding the expiry date of the rating (on SEP) (MNM 12 each) _____ take-offs _____ landings **of which**
(MNM 6) _____ take-offs _____ on SEP SEA
_____ take-offs _____ landings on SEP land (if a valid SEP land is held)
- f) within 12 months preceding the expiry date of the rating refresher training of at least 1 hour of total flight time with and to the satisfaction of a flight instructor (FI) or a class rating instructor (CRI) who shall select those flight exercises that allow the applicant to refresh their competence in safely operating the aircraft and applying normal, abnormal and emergency procedures (MNM 1 HR) _____ hour(s)
date: _____ place: _____

Instructor: Last name: _____ First name: _____

Licence no: _____ Signature of instructor: _____

Foreign EASA FI(A)/CRI(A) must enclose a photocopy of the corresponding licence with valid entry FI(A)/CRI(A).

or any other EASA Part-FCL proficiency check/skill test for a class/type rating, EBT practical assessment or an assessment of competence in any other class/type of aeroplane.

date: _____ place: _____

If the form is automatically completed and sent through the official FOCA dLogbook, the confirmation by the airport authority or examiner is not required.

Data confirmed by a Swiss airport authority (authorised duty manager of a Swiss airport authority) or a FOCA authorised examiner:

Airport: _____

Name of airport manager/examiner: _____ Authorisation/Licence no: _____

Location & date: _____ Signature of airport manager/examiner: _____

To be completed by applicant:

I declare that

- 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.
- 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.
- 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.
- the information provided is correct. I am aware of the consequences of providing false information, such as being denied a licence, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

Date and place: _____ Signature of applicant: _____

The applicant must attach copies of the relevant logbook pages (minimum revalidation requirements).

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

| | | | | | |
|-----------------|-------------------------|-------------|------------|--------------|---------------------|
| Version | ISS 01 REV 03 / 05.2025 | Prepared by | SBFP / kaa | Released by | SL SBFP, 05.2025 |
| Business object | BAZL-341.301-1 | Revised by | SBFP / kaa | Distribution | Internal / External |