Training / experience report form

Applicant  
last name:  
first name:  
date of birth:  
place of birth:  
place of origin:  
nationality:  
post code:  
city:  
street:  
phone/fax home:  
phone/fax office:  
e-mail:  
signature of applicant:  

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

Revalidation: Summary of requirements

a) MOUNTAIN rating  
valid until:  
b) EASA Medical class  
1 or 2 or LAPL  
valid until:  
c) 6 landings on altiports or glaciers within the 24 months preceding the expiry date of the rating  
(MNM 6) landings

IMPORTANT NOTE:
In case you look for:

a) Renewal of a lapsed MOUNTAIN rating, or
b) Revalidation without the above mentioned recent activity

use and follow the instructions on form 60.627 to pass a proficiency check MOUNTAIN

Data to be confirmed by the airport authority (authorized duty manager of Swiss airport authority), or by the examiner if combined during a proficiency check

Airport authorization number:  
name of manager/examiner:  
first name:  
location and date:  
signature manager/examiner:  

Send this form to Federal Office for Civil Aviation FOCA, Flight Personnel, CH-3003 Berne