



**FI (H) ME Type Extension**

licence number:

**Applicant**      last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_

place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_

private address: postcode: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_

phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_

e-mail: \_\_\_\_\_ signature of applicant: \_\_\_\_\_

Helicopter flight hours: \_\_\_\_\_ PIC hours: \_\_\_\_\_ Copi hours: \_\_\_\_\_ IFR total hours: \_\_\_\_\_ Simulator hours: \_\_\_\_\_

Employed as pilot by: \_\_\_\_\_ Invoice to be sent to:     applicant     company

**FI(H) application on ME helicopter Type :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of conditions and flying experience**

- a) Licence PPL(H), CPL(H) or ATPL(H)      valid until: \_\_\_\_\_
- b) FI (H)      valid until: \_\_\_\_\_
- c) EASA Medical       Class 1     Class 2      valid until: \_\_\_\_\_
- d) Minimum 15 hours as pilot on the applicable type.      hours: \_\_\_\_\_
- e) Technical course (TRI) on the applicable type of helicopter      date: \_\_\_\_\_
- f) Minimum 2 hours of flight instruction on the applicable type, under the supervision of an adequately qualified TRI and:      hours: \_\_\_\_\_
- g) Copy of logbook (relevant pages)
- h) Form 61.722 (assessment of competence AMC1 FCL.935)

FOCA internal use only:	
<input type="checkbox"/> FI(H) new type :	date: _____
Remarks :	visum: _____