



**Revalidation/Renewal
Examiner Certificate**

Application form

Applicant's Licence Nr.

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

Private address: Street: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ E-mail: _____

Employed as pilot by (company name): _____

Company address: _____

Invoice and licence to be send to company applicant

Signature of applicant

Authorisation:

- SPA MPA SPH/MPH Balloon Sailplane Senior Examiner
 TRE SFE
 FIE FE IRE CRE MOU HDF(H)

Validity period: from: _____ until: _____

Note: Holders of multiple examiner authorisations shall fulfill the revalidation requirements for each type of examiner authorisation (e.g. SPA, MPA, balloon, sailplane and helicopter). Please fill in a revalidation form for each type of examiner authorisation.

- FOCA Examiner refresher course attended
(for aeroplane and helicopter during last 12 month of validity, for sailplane and balloon during last 24 month of validity)

Location & date: _____

- FOCA Examiner assessment of competence
(for aeroplane and helicopter during last 12 month of validity, for sailplane and balloon during last 24 month of validity)

Location & date: _____ (enclose form 67.930)

Record of examiner activity during authorisation period (mandatory only for revalidation of helicopter and aeroplane examiner certificate)

Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
			<input type="checkbox"/> LAPL
			<input type="checkbox"/> PPL
			<input type="checkbox"/> CPL
			<input type="checkbox"/> ATPL
			<input type="checkbox"/> IR
			<input type="checkbox"/> MOU(A)
			<input type="checkbox"/> Instructor AoC
			<input type="checkbox"/> CR
			<input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL
			<input type="checkbox"/> PPL
			<input type="checkbox"/> CPL
			<input type="checkbox"/> ATPL
			<input type="checkbox"/> IR
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			<input type="checkbox"/> Instructor AoC
			<input type="checkbox"/> CR
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ADMINISTRATIVE INFORMATION – FOR FOCA ONLY



Licence Nr.

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Total number of tests / checks or AoC conducted during the period of validity of the examiner certificate														

FOCA internal use only:	Validity date: _____ <input type="checkbox"/> no change <input type="checkbox"/> change	date: _____
Remark: _____	visum: _____	