

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel

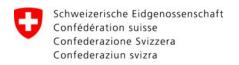
3003 Bern

Switzerland

Aeroplane	CR/TR	Renewal
Refresher	Training	g Details

Applicant's licence number:	
•	

Applicant last name:				first name: date of birth:							
place o	of birth:	place of origin:			: nationality:						
private	address: postal code:	city:				street:					
phone	/fax home:	phone/fax office:									
e-mail:	:										
Emplo	yed as pilot by (AOC holder/ operator)	:									
Clas	ss/Type Rating to be renewed:							expired or	n:		
Last	flight as Pilot Flying on class/t	ype:						date:			
IR to				no		□ yes	yes expired on:				
Las	t flight under IFR							date	<del></del>		
							<u> </u>				
		Single	e Pilot (SI	PA under	r SPO)	Mult	i Pilot (	t (MPA or SPA under MPO)			
		PIC	Dual	IFR	flights	PIC	СОР	l Dual	IFR	flights	
ype	During the last 12 months:										
On class/type	During the last 3 years:										
o	Total Experience:										
Other class/type during the last 12 months:											
Tot	al experience										
					1	1		1		ı	
I de	eclare that the information provide	d on this fo	orm is corr	ect							
location: date:			ate:		sign	ature of ap	plicant:				



Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel
3003 Bern

Switzerland

					Applicant's lice	ence number:		
ATO/DTO name:					registration num	nber:		
address: postal code: city: street:								
phone/fax:			e-mail:					
ATO/DTO Assessr	nent of the candidate							
Interview and logbook assessment		no		yes	date:			
Theoretical knowle	dge evaluation	no		yes	s date:			
Evaluation in a FS	гD 🗆	no		yes	s date:			
Evaluation in flight		□ no □ yes date:						
□ Refresher to	raining as per FCL740(b	)(1))/ FCL	625(c)(	1) is r	not required			
□ Refresher to	raining is required							
HT name:			date:			signature:		
Training Provided				•				
Date started:		date co	ompleted	:				
Ground training	number of sessions:				total hours:			
FSTD training*	number of sessions:				total hours:		1	_
Flight training*	number of flights:				total hours:		landings:	
*attach copies of th	e relevant pages of the	ogbook						
The refresher training proficiency check	ng according FCL.740(b)(1)	)/FCL.625(	(c)(1) has	been	completed, the o	candidate is re	ecommended f	or the
HT name: licence number:								
location & date	ocation & date signature:							