



## FI(A) Night Privilege Extension

Applicant's licence number:

**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: \_\_\_\_\_

**Summary of requirements**

a) Night rating date: \_\_\_\_\_

b) Sufficient night VFR experience for the function

night VFR PIC flight time (5 hours) hours: \_\_\_\_\_

night VFR PIC take-off and landing on different airports (list 5 airports) 

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total night experience landings: \_\_\_\_\_ hours: \_\_\_\_\_

c) FI training course to instruct at night, conducted in an ATO approved to conduct FI courses

exercice 19 of the FI training course conducted at night, including long briefing date: \_\_\_\_\_

exercice 20 of the FI training course conducted at night, including long briefing date: \_\_\_\_\_

d) Demonstration of the ability to instruct at night to a FI qualified in accordance with FCL.905.FI(i) date: \_\_\_\_\_

Instructor statement: *"I have assessed the above mentioned flight instructor, and found her/him to be suitably qualified to instruct safely and competently for the night rating"*

Instructor Full Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

e) Attachements: copie of relevant pages of logbook and course completion certificate

ATO Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Head of Training Name: \_\_\_\_\_

Licence Number: \_\_\_\_\_

Location and Date: \_\_\_\_\_

Head of Training Signature: \_\_\_\_\_