



**Aerobatic Rating (S)**

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 conditions for the issue of an AEROBATIC rating (S)**

**Initial issue**

- a) Experience as PIC on Sailplanes, since license issue MNM 120 Launches: \_\_\_\_\_
- b) Training Course at an ATO including
  - 1) Theoretical Knowledge Instructor : \_\_\_\_\_
  - 2) Aerobatic flight instruction MNM 5h : \_\_\_\_\_
  - OR
  - MNM 20 flights : \_\_\_\_\_
- c) Name and signature of Flight Instructor: \_\_\_\_\_

**Extension of Aerobatic rating from Aeroplane to Sailplane**

- a) Current aeroplane license including an AEROBATIC rating latest issue date : \_\_\_\_\_
- b) Aerobatic dual flight instruction on sailplane MNM 3 flights : \_\_\_\_\_
- c) Name and signature of Flight Instructor: \_\_\_\_\_

**The undersigned confirms the above data and the completion of the aerobatic training course according the approved syllabus. Based on the performance during the course, he recommends the applicant for the issue of an AEROBATIC RATING Sailplane:**

ATO name, authorization number and stamp: \_\_\_\_\_  
 Head of Training, name: \_\_\_\_\_ first name: \_\_\_\_\_  
 location and date: \_\_\_\_\_ signature Head of Training \_\_\_\_\_

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

FOCA internal use only:	date:
Remarks:	visum: