



**FI(S)
Revalidation / Renewal**

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: _____

Employed as pilot by: _____ company internal invoice to : applicant company

Expiry date of FI(S) certificate: _____ **Date of last FI(S) assessment of competence:** _____

For Revalidation of an FI(S) certificate, the holder shall fulfil 2 out of the 3 requirements below:

For at least each third FI(S) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

For Renewal of an FI(S) certificate, the applicant shall fulfil the requirements of 2) and 3):

1) 30 hours or 60 take-offs of flight instruction in sailplanes, powered sailplanes or TMG as FI or as examiner during the period of validity of the certificate. hours: _____
take-offs: _____

2) attend an approved FI refresher seminar within the validity period of the FI(S) rating (Enclose copy of course confirmation) date: _____

3) pass an assessment of competence acc. FCL.935 (Enclose form 60.722) within the 12 months preceding the expiry date of the FI certificate. date: _____

Data confirmed by ATO / DTO (or enclose copies of the relevant pages of logbook)	
name: _____	registration number: _____
name of chief flight instructor: _____	licence number: _____
signature of chief flight instructor: _____	location and date: _____

<small>FOCA internal use only:</small>		
162 FI(S) validity date: _____	Class or type: _____	date: _____
Remarks: _____	visum: _____	