



FI (S) initial application

Application form

Applicant's Licence No.

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

Private address: Street: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ E-mail: _____

Signature of applicant

Summary of conditions and flight experience:

- a) SPL Licence issue date: _____
- b) Teaching and learning course completed date: _____
Enclose copy of confirmation
- c) Passed a specific pre-entry flight test within 12 months prior start of course date: _____
Enclose copy of flight test
- d) Completed an approved FI(S) course at an ATO date: _____
Enclose copy of course confirmation
- e) Completed 100 hours of flight time and 200 launches as PIC on sailplanes hours: _____
 Launches number: _____
- f) Completed an Assessment of Competence in accordance with SFCL.345 date: _____
Enclose FOCA Form 62.722

A copy of the last logbook pages shall be attached to this application.

Data confirmed by ATO/DTO

ATO/DTO name: _____ Registration no: _____

Name of Head of Training: _____ Licence no: _____

Location & date: _____ Signature of Head of Training: _____

FOCA internal use only:

FI (S) with restricted privileges _____ date: _____

Remarks: _____ visum: _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

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