



**Revalidation Class Rating
SEP SEA**

Applicant's licence number:

Training / experience report form

Applicant	last name: _____	first name: _____	date of birth: _____
	place of birth: _____	place of origin: _____	nationality: _____
	private address: post code: _____	city: _____	street: _____
	phone/fax home: _____	phone/fax office: _____	
	e-mail: _____		

Summary of the experience and training for the revalidation of the CR SEP SEA

- a) CR SEP SEA valid until: _____
- b) EASA Medical class 1 or 2 valid from: _____
valid until: _____
- c) flight time within 12 months (on SEP) preceding the expiry
date of the rating (MNM 12 HR) _____ hours
- d) PIC flight time within 12 months preceding the
expiry date of the rating (on SEP) (MNM 6 HR) _____ hours **of which**
(MNM 1 HR) _____ hours on SEP sea
_____ hours on SEP land
(if a valid SEP land is held)
- e) take-offs and landings within 12 months preceding
the expiry date of the rating (on SEP) (MNM 12) _____ take-offs _____ landings **of which**
(MNM 6) _____ take-offs _____ landings on water on SEP sea
_____ take-offs _____ landings on SEP land
(if a valid SEP land is held)
- f) training flight with FI(A) / CRI(A) (MNM 1 HR) _____ hour(s) date: _____ place: _____
(on CR SEP sea or land) within 12 months
preceding the expiry date of the rating

Confirmed by: **Instructor** last name: _____ first name: _____

licence number: _____

Foreign EASA-FI/CRI(A) must enclose a photocopy of the corresponding licence with entry FI(A) or CRI(A)

location & date: _____ signature of flight instructor: _____

or any other EASA Part FCL proficiency check or skill test for a class or type date: _____ place: _____
enclose a copy of the appropriate form (first page only).

By signing this form, I declare:

1. I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
2. I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
3. I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.
4. that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

The applicant must attach copies of the relevant logbook pages (minimum revalidation requirements).

Signature of applicant: _____ Date and place: _____

Applicant's licence number:

Data confirmed by the airport authority (authorized duty manager of Swiss airport authority)
or examiner (during proficiency check/ skill test)

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

Airport authorization number:

name of manager/examiner: _____ first name: _____

location and date: _____ signature manager/examiner: _____

Rem. FOCA: The pilot will receive a new printout of his licence with an invoice. This licence will replace the previous licence.