



**MP/IR crosscredit to SP type rating
(Helicopter)**

Applicant's licence number:

Applicant last name: _____ first name: _____ date of birth: _____
 place of birth: _____ place of origin: _____ nationality: _____
 ZIP code: _____ city: _____ street: _____
 phone/fax home: _____ phone/fax office: _____
 e-mail: _____ signature of applicant:
 Total flight hours: _____ PIC hours: _____ DUAL hours: _____ IFR total hours: _____ SIM hours: _____

Request for IR crosscredit

Based on Profcheck Multi Pilot TR Date: _____ Typrating: _____

the applicant requests credits for the IR REVALIDATION to the following Single Pilot ratings:

- SE Type rating(s) ME Type rating(s)

Please enclose copy of the "master" multi pilot IR Skill test or Proficiency check (first page) and copies of the corresponding logbook pages proofing the min. 3 single pilot IFR departures and approaches within the last 12 month

Date of "master" IR check: _____ (record at least 3 single pilot IFR departures and approaches within the last 12 months)

date of flight	type of aircraft	departure airport	arrival airport	total flight time	instrument time	IFR departure	IFR approach	page nr. in logbook