



**Revalidation Examiner  
Certificate**

Application form

Applicant's Licence Nr. \_\_\_\_\_

**Applicant :** Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Private address:** Street: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed as pilot by (company name): \_\_\_\_\_

**Company address:** \_\_\_\_\_

Invoice and licence to be send to ☐ company ☐ applicant

Signature of applicant

**Authorisation:**

- ☐ SPA ☐ MPA ☐ SPH/MPH ☐ Balloon ☐ Sailplane ☐ Senior Examiner  
☐ TRE ☐ SFE  
☐ FIE ☐ FE ☐ IRE ☐ CRE ☐ MOU ☐ HDF(H)

**Validity period:** from: \_\_\_\_\_ until: \_\_\_\_\_

*Note: Holders of multiple examiner authorisations shall fulfill the revalidation requirements for each type of examiner authorisation (e.g. SPA, MPA, balloon, sailplane and helicopter). Please fill in a revalidation form for each type of examiner authorisation.*

- ☐ FOCA Examiner refresher course attended  
(for aeroplane and helicopter during last 12 month of validity, for sailplane and balloon during last 24 month of validity)

Location & date: \_\_\_\_\_

- ☐ FOCA Examiner assessment of competence  
(for aeroplane and helicopter during last 12 month of validity, for sailplane and balloon during last 24 month of validity)

Location & date: \_\_\_\_\_ (enclose form 67.930)

**Record of examiner activity during authorisation period** (mandatory only for revalidation of helicopter and aeroplane examiner certificate)

Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items
			<input type="checkbox"/> LAPL
			<input type="checkbox"/> PPL
			<input type="checkbox"/> CPL
			<input type="checkbox"/> ATPL
			<input type="checkbox"/> IR
			<input type="checkbox"/> MOU(A)
			<input type="checkbox"/> Instructor AoC
			<input type="checkbox"/> CR
			Remarks:
			<input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL
			<input type="checkbox"/> PPL
			<input type="checkbox"/> CPL
			<input type="checkbox"/> ATPL
			<input type="checkbox"/> IR
			<input type="checkbox"/> MOU(A)
			<input type="checkbox"/> Instructor AoC
			<input type="checkbox"/> CR
			Remarks:
			<input type="checkbox"/> TR type: <input type="checkbox"/> SP <input type="checkbox"/> MP

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

Version ISS 01 REV 01 / 07.2025  
Business object BAZL-341.301.-1

Prepared by SBFP / pah  
Revised by SBFP / hup

Released by  
Distribution

SL SBFP, 07.2025  
Internal / External



Licence Nr.

Date of test/check or assessment of competence	Pilot name	State/licence no	Kind of test/check and crew concept, mark items	
			<input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU(A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type:	Remarks:         <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU(A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type:	Remarks:         <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU(A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type:	Remarks:         <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU(A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type:	Remarks:         <input type="checkbox"/> SP <input type="checkbox"/> MP
			<input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> MOU(A) <input type="checkbox"/> Instructor AoC <input type="checkbox"/> CR <input type="checkbox"/> TR type:	Remarks:         <input type="checkbox"/> SP <input type="checkbox"/> MP

Total number of tests / checks or AoC conducted during the period of validity of the examiner certificate

FOCA internal use only:	
Validity date: _____	<input type="checkbox"/> no change <input type="checkbox"/> change    date: _____
Remark: _____	visum: _____