

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC Federal Office of Civil Aviation FOCA Safety – Division Flight Personnel 3003 Bern Switzerland

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Confirmation of landing training	Applicant's licenc	e number:
Applicant : Last name:	First name:	Date of birth:
Private address: Street/box:		
Postal code: City:		Country:
Phone mobile:	e-mail:	
Employed as pilot by (company name):		
AMC2 ORA.ATO.125 Training programme		
(k) Aeroplane training with FFS		
(1) with the exception of courses approved for ZFTT, co	-	
configurations should be completed in the aeroplane ra		·
hours of MPA experience in aeroplanes of similar s	-	•
which at least one should be a full-stop landing, un	•	-
(EC) 1702/2003, when available. In all other cases the	•	
may be completed after the student pilot has completed	_	successfully undertaken the type rating skill test,
provided it does not exceed 2 hours of the flight training	g course.	
Aircraft Type:	Registration:	
Flight Routing:	Flight time:	
Date:	Ldg's:	Apch's:
Attached:		
☐ Copy of the relevant page(s) of the applicant's le	ogbook	
☐ Copy of instructors licence (not required for Swiss	s instructors)	
☐ Copy of ATO/AOC holder approval to provide la		r Swiss ATO/AOC holder)
		,
Instructor: last name:	first name:	
lianna mumban	-:	
licence number:	signature:	
ATO/ AOC holder (if approvad by an EASA NAA) r	name: ¹⁾	
Registration number:		
HT/NPCT/ name:	licence number:	
location & date:	signature:	

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

1) if not applicable, please attach FOCA Form 60.536

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