

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety - Division Flight Personnel 3003 Bern

M	ICCI (H)	
type	extension	

Applicant'slicence number:	

	xtension	Applicant'slicence number:					
Applicant	last name:	first name: da			te of birth:		
place of birth:					nationality:		
private address: po	stcode:	city:		street:			
phone/fax home:			phone/fax offic	e:			
e-mail:			signature of a	pplicant:			
Helicopter flight hours: PIC h			urs:Copi hours:IFR total hours:			Simulator hours:	
Employed as pilot b	by (AOC/FOM holder)			Invoice to be sent to:	applicant	company	
MCCI(H) type	extension on :				Date:		
Details of cond	ditions and flying e	experience					
a) Hold or ha	ave held a CPL(H) or AT	PL(H)			date of issue:		
b) MCCI (H)					valid until:		
c) technical	training related to the typ	e of FSTD where	the applicant wi	shes to instruct	date:		
d) Copy of Ic	ogbook (relevant pages)						
Instructor required	last name:			first na			
licence number:				signature of flight instru	ictor:		
ATO required		name:		registration nun	nber:		
name of chief flight	instructor:			licence nun	nber:		
location & date:			sigr	ature of chief flight instru	ictor:		

FOCA internal use only:

☐ MCCI(H) restricted validity date:

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type:

type:

date:

visum: