Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

EBT TR MP(A) Revalidation / Renewal

Application & report form

Applicant's Licence Nr.

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)

Invoice and licence to be send to: ☐ Company:

I declare that

- 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.
- 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.
- 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authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.
- the information provided is 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.

Date and place: .....Signature of applicant .....

Last EBT Module: ☐

To be completed by EBT Manager:

EBT Module Nr. 1			☐ **MFF**		**ACFT Type:** A320		
			C or NC		**Date:**	**Time LT:**	**FSTD-ID**
Day 1	**Instructor Licence Nr: CH.FCL.**	**EVAL**	☐	☐		**Block OFF:** **Block ON:**	
		MT	☐	☐			
Day 2	**Instructor Licence Nr: CH.FCL.**	**SBT (ISI; ITT)**	☐	☐		**Block OFF:** **Block ON:**	

EBT Module Nr. 2			☐ **MFF**		**ACFT Type:** A320		
			C or NC		**Date:**	**Time LT:**	**FSTD-ID**
Day 1	**Instructor Licence Nr: CH.FCL.**	**EVAL**	☐	☐		**Block OFF:** **Block ON:**	
		MT	☐	☐			
Day 2	**Instructor Licence Nr: CH.FCL.**	**SBT (ISI; ITT)**	☐	☐		**Block OFF:** **Block ON:**	

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Licence Nr. ____

EBT Module Nr. 3			☐ **MFF**		**ACFT Type:** A320		
			C or NC		**Date:**	**Time LT:**	**FSTD-ID**
Day 1	**Instructor Licence Nr: CH.FCL.**	**EVAL**	☐	☐		**Block OFF:** **Block ON:**	
		MT	☐	☐			
Day 2	**Instructor Licence Nr: CH.FCL.**	**SBT (ISI; ITT)**	☐	☐		**Block OFF:** **Block ON:**	

EBT Renewal with expiry date less than 12 months acc. GM1 ORO.FC.231(a)(5)

☐ (a)(1) Expiry less than 3 months: Missing EBT module is rescheduled with an EBT instructor. Following that, the EBT manager for the type rating may renew the licence without extra training. At least two complete boxes of this form have to be filled out during the last 12 months.

☐ (a)(2)(i) One module missing: At least two simulator sessions before resuming line operations. At least two complete boxes of this form have to be filled out during the last 12 months.

☐ (a)(2)(ii) Two modules missing: the pilot must complete the one module (two simulator sessions) and training topics B and C of the other missing module (an extra simulator session) with a total of three simulator sessions. A EBT instructor with examiner privileges is involved to ensure the proficiency of the pilot:

Name of TRE:.....Licence Nr:.....

The EBT manager holds a current type rating examiner certificate in the type rating filled in in Appendix 10 (copy to be attached Non CH-EBT-operators);	☐
The instructor(s) that conducted the training to the applicant has (have) been standardised.	☐
The EBT operator has performed a verification of the grading system at least once in the last 3 years.	☐
The integrity of the applicant training data is ensured.	☐

EBT Manager last name:	First name:
Examiner licence Nr.:	Examiner certificate valid until:
Date and place:	Signature of EBT Manager: