

Examiner certificate for helicopters Issuance/Revalidation/Renewal/Extension

Application for issuance/revalidation/renewal/extension of an examiner certificate for helicopters according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) Subpart K

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Type of application

Application for: (I=Issuance, Rev=Revalidation, Ren=Renewal, Ext=Extension)

		I	Rev	Ren	Ext
one of the following certificates	please fill in details here				
<input type="checkbox"/> Flight Examiner (FE)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type Rating Examiner (TRE)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Instrument Rating Examiner (IRE)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Synthetic Flight Examiner (SFE)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flight Instructor Examiner (FIE)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Applicant

APPLICANT'S LICENCE NUMBER:

Title	First Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street	Place	Postal	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	E-Mail			
<input type="text"/>	<input type="text"/>			
Place	Date	Signature of Applicant		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

The applicant confirms hereby that all information is complete and true. He acknowledges the fact that false information could have legal consequences. He agrees that his contact address (see point 3) will be published in connection with the tasks as examiner and his e-mail address will be used for sending information in form of the Austro Control newsletter (please strike, if this is not desired).

3 Contact address for publication

Company (if applicable)

Street	Place	Postal	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	E-Mail			
<input type="text"/>	<input type="text"/>			

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4 Invoice accepted by / to be sent to

the Applicant the Company

Company (name/address)

Signature

5 Summary of knowledge and requirements

Examiner initial/refresher course
(examiner standardisation course) completed
(Note: not required for an extension)

date:

Total flight experience on helicopters

hours:

SP(H) PIC

hours:

SET

hours:

MP(H) PIC

hours:

MET

hours:

IR(H)

hours:

Total flight time as instructor

in private pilot training

hours:

in commercial pilot training

hours:

in instrument flight training

hours:

on MP(H)

hours:

for applicants for an instructor certificate

hours:

6 Attachments

for issuance:

- Examiner Acceptance Record
- Documentation of practical training

for revalidation:

- Examiner Activity Report
- Examiner Acceptance Record

for renewal/extension:

- Examiner Acceptance Record

for initial issue of a TRE certificate, in addition to the Examiner Acceptance Record:

- Evidence of at least 50 hours of flight instruction as TRI, FI or SFI on the applicable type or FSTD

for initial issue of a SFE certificate, in addition to the Examiner Acceptance Record:

- Evidence of at least 50 hours of flight instruction as SFI on the applicable type