

Night Rating (A) - Issuance

Application for the issue of a night rating for aeroplanes according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) FCL.810

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

AUSTRO CONTROL GmbH, Aviation Agency, Management Services, Wagramer Straße 19, 1220 Vienna, Austria

1 Type of application

I apply for the issue of a night rating for aeroplanes according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) FCL.810.

2 Applicant

APPLICANT'S LICENCE NUMBER:

Title First Name Last Name

Street Place Postal Country

Telephone E-Mail

Place Date Signature of Applicant

3 Details of training

a) Theoretical knowledge instruction completed date:

b) Flight experience on aeroplanes at night min. 5 hours:

thereof dual instruction min. 3 hours:

c) Take-offs at night, solo flight min. 5:

d) Landings at night, solo flight min. 5:

e) Cross-country navigation flying with instructor min. 1 hour:

thereof at least one cross-country flight of 50 km date:

4 Confirmation of the training by the training organisation (TO)

From (Date) Until (Date) Head of Training (or deputy, if applicable) (Name) Approval Number

The Head of Training confirms that the training has been performed in compliance with Part-FCL and the approved training manuals, and that the applicant possesses all relevant theoretical knowledge and skills for the rating endorsement.

Signature of Head of Training and Seal (optionally) of TO

5 Attachments

- Pilot logbook (original)