## **Aerobatic Rating - Issuance**

Application for the issue of an aerobatic rating according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) FCL.800



Please fill in the framed fields of the form, sign it and send it together with attachments to pilots@austrocontrol.at, or via FAX to +43 51703 1536, or by post to:

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

1 Type of app	lication					
I apply for the issue FCL.800.	e of an aerobatic rati	ing according to Cor	nmission Re	egulation (EU) No	1178/201	11 Annex I (Part-FCL)
2 Applicant						
APPLICANT'S LICENCE NUMBER:						
Title		Last Name				
Street			Place		Postal	Country
Telephone	E-Mail					
Place D	ate Sigr	nature of Applicant				
3 Details of training and flight experience						
a) Flight experience as PIC in the category applied for min. 30 hours after license issue:						
a) i light experience	as i lo ili tile categor	y applied for			_	
h) Theoretical knowledge instruction completed					date:	
b) Theoretical knowledge instruction completed					date.	
c) Number of aerobatic training flights					5 hours:	
4 Confirmation of the training by the training organisation (TO)						
From (Date)	Until (Date)	pplicable) (Name)	Approva	l Number		
			Signature of	f Head of Training a	and Seal	(optionally) of TO
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 the rating endorsement.	all relevant theoretical know	wledge and skills for				
5 - 5 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						

## 5 Attachments

- Logbook (original)
- Medical certificate (copy)
- Instructor's licence (copy, only if not an austrian licence holder!)