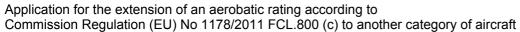
## **Extension of the Aerobatic Rating**





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 ap	plication						
I apply for the extension of an aerobatic rating according to Commission Regulation (EU) No 1178/2011 FCL.800(c) after having completed the additional training flights, to the following category of aircraft:							
Aeroplanes (A) Touring Motor Gliders (TMG)							
2 Applicant							
APPLICANT	'S LICENCE	NUMBER:					
Title	First Name			Last Na	me		
Street			Place			Postal	Country
Telephone			E-Mail				
Disease	Dete	Cinn at was of Amelia and					
Place	Date	Signature of Applicant					
3 Details of	training and flight	experience					
a) Flight experience	ce as PIC in the app	olied category	mi	in. 30 hour	s after license	issue:	
b) Aerobatic trainii	ng flights in the app	lied category				min. 3:	
4 Confirmat	ion of the training	by the flight instructor					
First Name (Instruct	or)	Last Name (Instructor)		[	_icense Nu	mber (Ins	tructor)
The flight instructor named above confirms the conduction of at least 3 aerobatic training flights, covering the whole syllabus for the aerobatic rating, according:							
Aerobatic Syllabus acc. AMC1 FCL.800 (d) - fill out Section 6 / page 2 of this form							
Aerobatic Syllabus acc. AltMoC ZPH FCL 11 - fill out Section 7 / page 3 of this form							
Place	Date	Signature of Flight Instru	ıctor				
5 Attachments (Please attach, if not specified differently, copies of the listed documents to the application)							
Pilot logbook (r	relevant pages)						

• Copy of Instructor's license (if the Instructor is NOT an Austrian license holder)

· Medical certificate

## **Extension of the Aerobatic Rating**





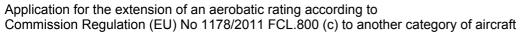
APPLICANT'S LICENCE N	U M B E R :					
6 Confirmation of completion of the aerobatic training syllabus acc. AMC1 FCL.800 (d)						
First Name (Instructor)	Last Name (Instructor)	License Number (Instructor)				

The flight instructor named above confirms the conduction of at least 3 training flights, covering the whole syllabus for the aerobatic rating according AMC1 FCL.800 (d):

SECTION 1				
CONI	FIDENCE MANEOUVERS AND RECEOVERIES	Date	Instructor's signature	
(i)	slow flights and stalls			
(ii)	steep turns			
(iii)	side slips			
(iv)	engine restart in-flight			
(v)	spins and recovery			
(vi)	recovery from spiral dives			
(vii)	recovery from unusual attitudes			

SECTION 2				
AERO	AEROBATIC MANEOUVERS		Instructor's signature	
(i)	chandelle			
(ii)	lazy eight			
(iii)	rolls			
(iv)	loops			
(v)	inverted flight			
(vi)	hammerhead turn			
(vii)	immelmann			

## **Extension of the Aerobatic Rating**





APPLICANT'S LICENCE N	UMBER:				
7 Confirmation of completion of the aerobatic training syllabus acc. AltMoC ZPH FCL 11					
First Name (Instructor)	Last Name (Instructor)	License Number (Instructor)			

The flight instructor named above confirms the conduction of at least 3 training flights, covering the whole syllabus for the aerobatic rating according ZPH FCL 11:

SECTION 1				
CONFIDENCE MANEOUVERS AND RECOVERIES		Date	Instructor's signature	
(a)	slow flights and stalls			
(b)	entry and recovery of spins, at least 2 complete turns			
(c)	recovery from spiral dives			
(d)	steep turns			
(e)	sideslips			
(f)	engine restart in-flight			
(g)	recovery from unusual attitudes			

SECTION 2				
AERO	AEROBATIC MANEOUVERS			Instructor's signature
(a)	char	ndelle		
(b)	lazy	eight		
(c)	rolls			
(d)	rolls	with a short stop in the inverted flight position		
(e)	half	roll on a climbing flight path (30-45°) completed by a 5/8 loop		
(f)	loop	s		
(g)	immelmann			
	choose one	humpty bump		
(h)		hammerhead (stall turn)		
		clover leaf loop		