FI(H) - Removal of restriction

Application for removal of the restriction of a FI(H) certificate according to Commission Regulation (EU) No 1178/2011 Annex I (Part-FCL) FCL.910.FI



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 remova Annex I (Part-FCL			FI(H) certificate acc	ording to Cor	nmission Regulatio	on (EU) N	lo 1178/2011	
2 Applicant								
APPLICANT	'S LICE	NCE N	UMBER:					
Title First Name					Last Name			
Street				Place		Postal	Country	
Telephone				E-Mail				
Place Date Signature of Applicant								
3 Invoice ac	cepted by /	to be sent	to					
the Applicant v	ia e-mail	t	he Applicant via pos	tal service	the Company			
Company (name/address) Signature								
4 Summary	of requirem	nents for re	moval of the restric	ction	_			
The applicant has	to complete	the followin	g at least:					
							state actual data	
1) 100 hours of flight instruction in helicopters and				min. 100 hours:				
O) Our and initial of attached OF attached to the flight air according					min. 25 solo flight air ex	voroigos .		
2) Supervision of at least 25 student solo flight air exercises					supervised:			
5 Confirmat	ion of the t	raining by t	he training organis	ation (TO)				
From (Date)	Confirmation of the training by the training organism (Date) Until (Date) Head of Training (or the straining or the straining (or the straining or the straining or the straining (or the straining or the strain				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.					nature of Head of Training and Seal (optionally) of TO			

6 Attachments

- Logbook (copy of the relevant pages)
- Medical Certificate (copy)