

EBT TR MP(A) Revalidation / Renewal

Application and report form



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

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

1 Applicant

APPLICANT'S LICENCE NUMBER:

Title First Name Last Name

Street Place Postal Country

Telephone E-Mail

Place Date Signature of Applicant

2 Invoice accepted by / to be sent to

☐ the Applicant via e-mail ☐ the Applicant via postal service ☐ the Company

Company (name/address)

Signature

3 EBT module 1 (mandatory)

Session 1 (mandatory) TRI/SFI name TRI/SFI licence number

Location FSTD ID Code Date Time

Session 2 (mandatory) TRI/SFI name TRI/SFI licence number

Location FSTD ID Code Date Time

4 EBT module 2 (mandatory)

Session 1 (mandatory) TRI/SFI name TRI/SFI licence number

Location FSTD ID Code Date Time

Session 2 (mandatory) TRI/SFI name TRI/SFI licence number

Location FSTD ID Code Date Time

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austro
CONTROL

APPLICANT'S LICENCE NUMBER:

5 EBT module 3

Session 1

TRI/SFI name

TRI/SFI licence number

Location

FSTD ID Code

Date

Time

Session 2

TRI/SFI name

TRI/SFI licence number

Location

FSTD ID Code

Date

Time

6 Declaration

AOC declaration for revalidation and renewal under the EBT programme for the purpose of AMC1 ARA.GEN.315(a) point (d) and for the purpose of point 1(a) of Appendix 10.

I confirm all the following:

- ☐ The EBT manager holds a current type rating examiner certificate in the type rating filled in Appendix 10.
- ☐ The instructor(s) that conducted the training to the applicant has (have) been standardised.
- ☐ The EBT operator has performed a verification of the grading system at least once in the last 3 years.
- ☐ The integrity of the applicant training data is ensured.

7 Completion of the operator's EBT Programme from:

From (date)

Until (date)

EBT Manager name or deputy

Licence number

Examiner Certificate

Place

Date

Signature of the EBT manager or deputy