



APPLICATION AND REPORT FORM <i>(according to AMC1 FCL.940.FI(a)(2) FI)</i>			
FOR FI(S) CERTIFICATE RAVALIDATION AND RENEWAL			
1. APPLICANTS PERSONAL PARTICULARS:			
Applicant's last name(s):		First name(s):	
Date of birth:		Tel.:	
		e-mail:	
Address:			
2. LICENCE DETAILS			
Licence type:		Number:	
Class ratings included in the licence:		Exp. Date:	
Type ratings included in the licence:			
Other ratings included in the licence:			
3. INSTRUCTIONAL FLYING EXPERIENCE			
<i>Instructors applying for revalidation of the FI certificate should enter the instructional hours and take-offs flown during the preceding 36 months.</i>			
SAILPLANE (hours and take-offs)		TMG (hours and take-offs)	
DAY:	NIGHT:	DAY:	NIGHT:
Total instructional hours (preceding 36 months):			
Total instructional hours (preceding 12 months):			
Total amount of take-offs (preceding 36 months):			
Total amount of take-offs (preceding 12 months):			
4. FI REFRESHER SEMINAR			
1 This is to certify that the undersigned attended and FI seminar			
2 Attendee's personal particulars:			
Name(s):		Address:	
Licence number:		Expiration date of FI(A) certificate	
3 Seminar particulars:			
Date(s) of seminar:		Place:	
4 Declaration by the responsible organiser:			
<i>I certify that the above data are correct and that the FI seminar was carried out.</i>			
Date of approval:		Name(s) of organiser <i>(capital letters)</i> :	
Date and place:		Signature:	

5	Declaration by the attendee:		
<i>I confirm the data under 1 through 3</i>			
Attendee's signature:			
5.	ASSESSMENT OF COMPETENCE		
.....(Name(s) of applicant) has given proof of flying instructional ability during assessment of competence flight. This was done to the required standard.			
Main exercise:			
Aerodrome or site:		Total flight time:	
Take-off time:		Landing time:	
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Partial Pass <input type="checkbox"/>	Reason(s) why, if failed:
Location and date:		SIM or aircraft registration:	
Examiner's certificate number (if applicable):		Type and number of licence:	
Signature of examiner:		Name(s) in capital letters:	

The assessment of instructors should be made against the following performance standards (according to AMC1 FCL.920 (b)):

Competence	Passed	Failed
Prepare resources	<input type="checkbox"/>	<input type="checkbox"/>
Create a climate conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>
Present knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Integrate TEM and CRM	<input type="checkbox"/>	<input type="checkbox"/>
Manage time to achieve training objectives	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate learning	<input type="checkbox"/>	<input type="checkbox"/>
Assesses trainee performance	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and review progress	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate training sessions	<input type="checkbox"/>	<input type="checkbox"/>
Report outcome	<input type="checkbox"/>	<input type="checkbox"/>

FI competencies and assessment (according to AMC3 FCL.935(b), (c) un (d))

Section 1, the oral theoretical knowledge examination part of the assessment of competence, is for all FI and is subdivided into two parts:

- (1) The applicant is required to give a lecture under test conditions to other 'student(s)', one of whom will be the examiner. The test lecture is to be selected from items of section 1. The amount of time for preparation of the test lecture is agreed upon beforehand with the examiner. Appropriate literature may be used by the applicant. The test lecture should not exceed 45 minutes;
- (2) The applicant is tested orally by an examiner for knowledge of items of section 1 and the 'core instructor competencies: teaching and learning' content given in the instructor courses.

Sections 2, 3 and 5 are for all FIs. These sections comprise exercises to demonstrate the ability to be an FI (for example instructor demonstration exercises) chosen by the examiner from the flight syllabus of the FI training courses. The applicant is required to demonstrate FI abilities, including briefing, flight instruction and de-briefing.

Section 4 comprises additional instructor demonstration exercises for an FI for ME aircraft. This section, if applicable, is done in an ME aircraft, or an FFS or FNPT II simulating an ME aircraft. This section is completed in addition to sections 2, 3 and 5.

Applicant's first, last name(s): _____

SECTION 1 THEORETHICAL KNOWLEDGE ORAL		Passed	Failed
1.1.	Air law	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	Aircraft general knowledge	<input type="checkbox"/>	<input type="checkbox"/>
1.3.	Flight performance and planning	<input type="checkbox"/>	<input type="checkbox"/>
1.4.	Human performance and limitations	<input type="checkbox"/>	<input type="checkbox"/>
1.5.	Meteorology	<input type="checkbox"/>	<input type="checkbox"/>
1.6.	Navigation	<input type="checkbox"/>	<input type="checkbox"/>
1.7.	Operational procedures	<input type="checkbox"/>	<input type="checkbox"/>
1.8.	Principles of flight	<input type="checkbox"/>	<input type="checkbox"/>
1.9.	Training administration	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 PRE-FLIGHT BRIEFING		Passed	Failed
2.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3 FLIGHT		Passed	Failed
3.1.	Arrangement of demo	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	Synchronisation of speech with demo	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	Correction of faults	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	Aircraft handling	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	General airmanship and safety	<input type="checkbox"/>	<input type="checkbox"/>
3.7.	Positioning and use of airspace	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 ME EXERCISES		Passed	Failed
4.1.	Actions following an engine failure shortly after take-off ¹	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	SE approach and go-around ¹	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	SE approach and landing ¹	<input type="checkbox"/>	<input type="checkbox"/>

¹ These exercises are to be demonstrated at the assessment of competence for FI for ME aircraft.

SECTION 5 POST-FLIGHT DE-BRIEFING		Passed	Failed
5.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
5.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
5.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
5.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
5.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETED BY EXAMINER		
FCL.1030(a)(1) I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
According to FCL.1030(b)(3) I have provided the applicant with a signed report of the assessment of competence.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have record the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:		

<i>Examiner's Name, Surname / Date / Signature</i>		

COMPLETED BY APPLICANT
I confirm that I understand and agree with all the above mentioned information and have no objections.
In the event of a partial pass or fail: I agree <input type="checkbox"/> / disagree <input type="checkbox"/> / N/A <input type="checkbox"/> for re-examination with the same examiner.

<i>Applicant's Name, Surname / Date / Signature</i>