

**Application for revalidation/renewal  
for Part-FCL Instructor certificate**

**Date of reception:**

**False representation statement**

Any incorrect information could disqualify the applicant from taking any examination or being granted a personnel licence, certificate, rating, authorisation or attestation.

**1. Applicant details** to be completed by the applicant

Title: ..... Forename(s): ..... Surname: .....

Date of birth (dd/mm/yyyy): ..... Nationality: .....

Town of birth: ..... Country of birth: .....

Permanent address: .....

..... Postcode: .....

Telephone: ..... Alternative telephone number: .....

E-mail: ..... Fax number: .....

**2. Address for correspondence (if different from above)** to be completed by the applicant

Postal address: .....

.....

..... Postcode: .....

**3. Medical fitness** to be completed by the applicant

Class of medical certificate held	Date of last medical	Expiry date	CAA use only

Note: Your medical certificate must be valid on the licence issue date.

Supporting documentation required with the application:

Copy of Part-MED medical certificate

4. Particulars of third country ICAO licences held				to be completed by the applicant			
Issuing authority		Type/Class of licence		Licence number		Expiry date	
Supporting documentation required with the application:				Copy of your third country ICAO licences and medical			

5. Ratings held							to be completed by the applicant						
Please give the date of the most recent Skill test, licensing proficiency check or revalidation by experience for each type or class rating to be endorsed on your Part-FCL licence.													
Rating held		Single-pilot (SP) or Multi-pilot (MP)	Date of test		Date of IR test (if applicable)		Expiry date of rating		Examiners certificate number and name			CAA use only	
Supporting documentation required with the application:							Original Part-FCL licence						

**6. Instructors certificate held** **to be completed by the applicant**

Please give the date of the most recent revalidation or renewal of instructor certificate and please indicate the instructor privileges previously or currently being exercised.

Instructor certificate held	Date of revalidation	Expiry date of certificate	Examiners certificate number and name	CAA use only

with the following extension (if applicable):

PPL  CPL  Night  Towing  Aerobatic  IR  ME  FI  MPL  TRI

Supporting documentation required with the application:

Original Part-FCL licence

**7. Application** **to be completed by the applicant**

I am applying for:

Revalidation  Renewal  of my instructor certificate:

1. FI(A)  FI(H)  FI(B)  FI(As)  FI(S)

2. TRI  (please specify types): .....

3. CRI  (please specify classes): .....

4. IRI

5. SFI

6. MCCI

7. STI

8. FTI

CAA use only

8. Flying experience					to be completed by the applicant
	FI/CRI/IRI	TRI	SFI/STI	MCCI	FTI
Total flight instruction time or launches within period of validity					
Total instrument flight instruction time within period of validity					
Total flight instruction time in 12 months preceding expiry of certificate					
Total flight tests time within period of validity					
Total flight tests time in 12 months preceding expiry of certificate					
Supporting documentation required with the application:					Original flying logbooks
CAA use only					

9. Instructor refresher seminar	to be completed by the seminar organiser
I certify that (name) ..... has satisfactorily attended an instructor refresher seminar in accordance with Part-FCL for Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> of an instructor certificate.	
Date of seminar commenced: ..... date of seminar finished: .....	
Approved training organisation (ATO): ..... ATO approval N° .....	
Competent authority issuing approval: .....	
Name of head of training: .....	
Signature (head of training): ..... Date: .....	
Supporting documentation required with the application: Copy of Part-ORA ATO approval certificate (if ATO is not approved by the Belgian CAA)	
CAA use only	

<b>10. Refresher training course certificate</b>	<b>to be completed by the ATO conducting the training</b>
I certify that (name) ..... has satisfactorily completed a refresher training in accordance with Part-FCL for Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> of an instructor certificate.	
Date of course commenced: ..... date of course finished: .....	
The course consisted of ..... hours of flight instruction of which ..... hours in FSTD.	
FSTD reference: .....	
Details of competent authority issuing qualification certificate for the FSTD: .....	
.....	
Approved training organisation (ATO): ..... ATO approval N° .....	
Competent authority issuing approval: .....	
Name of head of training: .....	
Signature (head of training): ..... Date: .....	
Supporting documentation required with the application: Copy of Part-ORA ATO approval certificate (if ATO is not approved by the Belgian CAA)	
CAA use only	

<b>11. Confirmation of assessment of competence</b>	<b>to be completed by the examiner</b>
I certify that I have successfully completed an assessment of competence for the issue of an instructor certificate of (name) .....	
Assessment of competence date: .....	
Aircraft type and registration: ..... or	
FSTD identification number: .....	
I further certify that I have examined the applicants flying logbook and that the entries in them meet in full the flying experience requirements for the grant of an instructor certificate.	
Name of examiner: ..... Examiner N° .....	
Authorising competent authority: ..... Date of examiners briefing: .....	
Signature (examiner): ..... Date: .....	
Supporting documentation required with the application: Copy of Part-FCL examiner's approval certificate (if examiner is not approved by the Belgian CAA)	
Note - Examiners are reminded that they must complete the Examiners Report Form and submit this to Licensing department, within 14 working days from the skill test.	
Applicants are advised that the licence will not be issued until the corresponding Examiners Report Form is received.	

<b>12. Declaration of applicant</b>	<b>to be completed by the applicant</b>
<p>I declare that the information provided on this form is correct.</p> <p>I have fully reviewed all applicable guidance material and have submitted all of the necessary paperwork for my application to be considered.</p> <p>Signature (applicant): ..... Date: .....</p>	

<b>13. CAA use only</b>	
<p>Payment type</p> <p> <input type="checkbox"/> Visa              <input type="checkbox"/> Master Card              <input type="checkbox"/> Debit card              <input type="checkbox"/> Electronic transfer       </p>	
<p>Date of issue: .....</p> <p>Prepared by: .....</p> <p>Signed by: .....</p>	<p>Remarks:</p>

<b>Evaluation box</b>	<b>can be completed by the applicant</b>
<p>Please complete this box afterwards to give us your evaluation of the quality of the service provided</p> <p> <input type="checkbox"/> Good              <input type="checkbox"/> Average              <input type="checkbox"/> Poor       </p> <p>Remarks/comments: .....</p> <p>.....</p> <p>.....</p>	