

1. APPLICANT PERSONAL DETAILS

First name and surname:	
National ID/Passport Nº:	
BPL Nº:	

2. ATO/DTO INFORMATION

Name:	
ATO/DTO´s Nº:	

3. ATO/DTO HEAD OF TRAINING DETAILS

First name and surname:	
National ID/Passport Nº:	

4. RESPONSIBLE FOR THE PRE-ENTRY ASSESSMENT TO THE COURSE PERSONAL DETAILS

First name and surname:	
National ID/Passport Nº:	
BPL Nº (if applicable):	

5. DETAILS OF THE COURSE

<p>Purpose of the course</p> <p><input type="checkbox"/> Issue of FI(B) certificate: <input type="checkbox"/> HAB <input type="checkbox"/> GB <input type="checkbox"/> HAS</p> <p><input type="checkbox"/> Privileges extension for FI(B) certificate:</p> <p><input type="checkbox"/> Instruction for night rating.</p> <p><input type="checkbox"/> Instruction for tethered HAB rating.</p>	<p>Date of passing the pre-entry assessment</p> <p></p> <p style="text-align: center;">Ground Instruction</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Nº of Teaching and Learning Hours</th> <th style="width: 50%;">Nº of Theoretical Knowledge Instruction Hours</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Nº of Teaching and Learning Hours	Nº of Theoretical Knowledge Instruction Hours		
Nº of Teaching and Learning Hours	Nº of Theoretical Knowledge Instruction Hours				

Flight instruction ¹			
Aircrafts used (model and registration)	Nº of Hours	Nº of Take-offs	Nº of Landings

6. DECLARATION

Responsible for the pre-entry assessment to the course's signature	By signing this form, the responsible for the pre-entry assessment to the course recommended the applicant to take the course for the issue of FI(B) certificate, in accordance with BFCL.330-Annex III (Parte BFCL) to Regulation (UE) 2018/395.
Head of training's signature	<input type="checkbox"/> By signing this form, the head of training confirms that applicant the has completed satisfactorily the flight instructor training course for the issue of a FI(B) certificate, in accordance with BFCL.330-Annex III (Parte BFCL) to Regulation (UE) 2018/395.
	<input type="checkbox"/> By signing this form, the head of training confirms that the applicant has completed satisfactorily the training elements for indicated extension of privileges in FI(B) certificate .

Accreditation date:	
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