



Formulario del Apéndice 10.EBT/ Appendix 10 EBT Form

AIRLINE LOGO	REVALIDATION AND RENEWAL OF TYPE RATINGS, AND REVALIDATION AND RENEWAL OF IRS WHEN COMBINED WITH THEREVALIDATION OR RENEWAL OF TYPE RATINGS EBT PRACTICAL ASSESSMENT	Edition 1.0
		AMC1 to Appendix 10
		EBT module 2

EBT OPERATOR NAME:		AOC NUMBER:	
<i>(Attach evidence of EBT programme approval)</i>			
Applicant's last name(s):		Applicant's first name(s):	
State of licence issue:		Type and number of licence:	
Type rating:		FSTD: (aircraft type)	
I hereby declare that: 1) I do not hold a Part-FCL licence issued by another Member State; 2) I have not applied for a Part-FCL licence in another Member State; 3) I have never held a flight crew licence, issued in another Member State, which was revoked or suspended. 4) I am aware that if the medical report data that supports my aero-medical certificate are not held by Aviation Medicine Unit of AESA my application may be rejected.			Applicant's Signature: Date:

EBT module 1	SESSION 1		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION 2		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION X		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
COMPLETION OF THE MODULE				
<input type="checkbox"/>			Date	
			Signature (EBT manager)	



Formulario del Apéndice 10.EBT/ Appendix 10 EBT Form

AIRLINE LOGO	REVALIDATION AND RENEWAL OF TYPE RATINGS, AND REVALIDATION AND RENEWAL OF IRS WHEN COMBINED WITH THEREVALIDATION OR RENEWAL OF TYPE RATINGS EBT PRACTICAL ASSESSMENT	Edition 1.0
		AMC1 to Appendix 10
		COMPLETION OF THE OPERATOR'S EBT PROGRAMME

EBT module 2	SESSION 1		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION 2		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION X		Name of the instructor	
	Type of licence		Number of licence:	
	Location,		Date	
			Time	
			FSTD ID code	
COMPLETION OF THE MODULE				
		Date		
<input type="checkbox"/>		Signature (EBT manager)		

[sections will be included as EBT modules have been carried on]

AESA TEMPLATE



Formulario del Apéndice 10.EBT/ Appendix 10 EBT Form

AIRLINE LOGO	REVALIDATION AND RENEWAL OF TYPE RATINGS, AND REVALIDATION AND RENEWAL OF IRS WHEN COMBINED WITH THEREVALIDATION OR RENEWAL OF TYPE RATINGS EBT PRACTICAL ASSESSMENT	Edition 1.0
		AMC1 to Appendix 10
		COMPLETION OF THE OPERATOR'S EBT PROGRAMME

EBT module X	SESSION 1		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION 2		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
	SESSION nº		Name of the instructor	
	Type of licence		Number of licence:	
	Location		Date	
			Time	
			FSTD ID code	
COMPLETION OF THE MODULE				
<input type="checkbox"/>		Date		
		Signature (EBT manager)		

COMPLETION OF THE OPERATOR'S EBT PROGRAMME			
Completion of the operator's EBT programme from _____ (date) to _____ (date)			
Name(s) and surname of EBT manager in capital letters:		Signature of examiner (EBT manager)	
		Date:	
Type and number of EBT Manager licence:		Examiner certificate number of EBT Manager	
Date of applicant's licence endorsement:			
DELEGATION OF SIGNATURE FOR LICENCE ENDORSEMENT (INSTRUCTOR)			
Name and surname of instructor:		Signature of instructor:	
Position in the operator:		Date:	



Formulario del Apéndice 10.EBT/ Appendix 10 EBT Form

AIRLINE LOGO	REVALIDATION AND RENEWAL OF TYPE RATINGS, AND REVALIDATION AND RENEWAL OF IRS WHEN COMBINED WITH THEREVALIDATION OR RENEWAL OF TYPE RATINGS EBT PRACTICAL ASSESSMENT	Edition 1.0
		AMC1 to Appendix 10
		COMPLETION OF THE OPERATOR'S EBT PROGRAMME

(b) 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 of the following:

The EBT manager holds a current type rating examiner certificate in the type rating filled in in Appendix 10 (<i>copy of license, instructor certificate, medical certificate, if applicable, and examiner certificate to be attached</i>);	YES	<input type="checkbox"/>
The instructor(s) that conducted the training to the applicant has (have) been standardised.	YES	<input type="checkbox"/>
The EBT operator has performed a verification of the grading system at least once in the last 3 years	YES	<input type="checkbox"/>
The integrity of the applicant training data is ensured.	YES	<input type="checkbox"/>
Signature of the training manager or EBT manager		

AMC and GM to Part-FCL of Regulation (EU) No 1178/2011 Issue 1, Amendment 11

(c) In order for the EBT manager to delegate their signature in accordance with point 4(c)(2) of Appendix 10 to another person to endorse the licence of the applicant, the following should apply:

- (1) the person signing the licence should be nominated,
- (2) the person signing the licence should hold or have held an instructor certificate,
- (3) the approved procedure for delegation of signature should include procedures to prevent the person who received the delegation from signing the licence when the EBT programme applicable to the validity period has not been completed.
- (d) The authority may customise the form above by requesting additional information or changing the order of the elements of the form.

GM1 FCL.740(b) Validity and renewal of class and type ratings RENEWAL OF CLASS AND TYPE RATINGS: REFRESHER TRAINING AT AN AOC HOLDER

GM1 FCL.1030(b)(3)(ii) Conduct of skill tests, proficiency checks and assessments of competence REVALIDATION OF CLASS AND TYPE RATINGS AEROPLANES REQUIRED MANOEUVRES AND EXERCISES IN THE CONTEXT OF APPENDIX 10 (EBT PRACTICAL ASSESSMENT)

GM1 to Appendix 10 Revalidation and renewal of type ratings, and revalidation and renewal of IRs when combined with the

revalidation or renewal of type ratings EBT practical assessment REVALIDATION OF TYPE RATING ADMINISTRATIVE PROCEDURES

GM2 to Appendix 10 Revalidation and renewal of type ratings, and revalidation and renewal of IRs when combined with the

revalidation or renewal of type ratings EBT practical assessment EBT PRACTICAL ASSESSMENT PROFICIENCY CHECK