

## Night rating helicopter FCL. 810

### A. Udfyldes af ansøgeren/To be filled out by the applicant:

CPR-nr./Date of Birth:	Certifikat nr./Licence no.:	Udstedende Stat/State of issue:
Fornavne/First name(s):		Efternavn/Last name:
Gade eller vej:/Street:		
Postnr. og by/Postal code and city:	e-mail:	Tlf./Telephone:
Dato for underskrift/Date of signature:	Underskrift/Signature:	

### B: Udfyldes af skolen/To be filled out by ATO:

#### To be Completed by ATO and signed by Head of Training

ATO Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Head of Training Last and First Name: \_\_\_\_\_

1. The applicant must have completed 100 hours of flight time as pilot in helicopters after the issue of licence, including at least 60 hours as PIC on helicopters and 20 hours cross-country flight: (mark if OK)
2. The applicant has completed an approved training course within a period of 6 month at the ATO which shall included:

- (i) \_\_\_\_\_ hours of theoretical knowledge instruction *Minimum 5 hours*; and
- (ii) \_\_\_\_\_ hours of helicopter dual instrument instruction time *Minimum 10 hours*; and
- (iii) \_\_\_\_\_ hours of flight time at night *Minimum 5 hours*; including  
 \_\_\_\_\_ hours of dual flight instruction *Minimum 3 hours*; and  
 \_\_\_\_\_ hours of cross-country navigation *Minimum 1 hour*; and  
 \_\_\_\_\_ solo night circuits *Minimum 5* (Each circuit shall include a take-off and landing)

I hereby certify that the applicant has passed the required training and that the applicant fulfils the requirement for the issue of night rating

Signature of Head of Training: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**In accordance with ARA.GEN.315(a), (b) – (c)**

Undertegnede bekræfter hermed, at jeg ved ansøgningstidspunktet

1. ikke var i besiddelse af et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat;
2. ikke har ansøgt om et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori i en anden medlemsstat; og
3. aldrig har haft et personligt certifikat, rating, tilladelse eller attest med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat, som er tilbagekaldt eller suspenderet i anden medlemsstat.

Note:

*Ukorrekte oplysninger vedrørende ovenstående, kan være diskvalificerende for udstedelse af certifikat, rating, tilladelse m.v.*

Undersigned hereby confirm that I at the time of application

1. was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
2. has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
3. has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.

Note:

*Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorisation, etc.*

Dato:/Date: \_\_\_\_\_

Underskrift:/Signature: \_\_\_\_\_