

Night rating aeroplane 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 Licence 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:

Complete only for **LAPL** holder

ATO Name: _____ Registration No: _____

Head of Training Last and First Name: _____

Before completing the training at night the applicant has completed the basic instrument flight training required for the issue of the PPL AND if the licence holder has a LAPL medical, have a colour vision test endorsed in the LAPL medical.

Signature of Head of Training: _____ Date of Signature: _____

To be Completed by ATO and signed by Head of Training

ATO Name: _____ Registration No: _____

Head of Training Last and First Name: _____

The applicant has completed an approved course at the ATO which included:

- (i) Theoretical knowledge instruction; and
- (ii) _____ hours of flight time on aeroplanes at night *Minimum 5 hours*; including
 _____ hours of dual flight instruction *Minimum 3 hours*; and
 _____ hours of cross-country navigation *Minimum 1 hour*; and
 A dual cross country flight of _____ km *Minimum 50 Km (27 NM)*; and
 _____ solo take-offs *Minimum 5*; and
 _____ solo full stop landings *Minimum 5*

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, authorization, etc.

Dato:/Date: _____

Underskrift:/Signature: _____