

Licence Application - ATP(H) Integrated or Modular Training Courses Verification of minimum flight time requirements

Date of Birth:		Last name:				
Street:						
Postal code and city:	E-mail:				Te	lephone:
E-mail.						opnone.
B. To be completed b	y Training organ	ication				
Name of ATO	by Training Organ		ate			
Name of HT of the ATO (capital let	Si	gnature Head				
C. To be computed at		! 4 !				
C. To be completed I		tical training o	lurina cou	ırse		
General		Student time			ATP Integrated	
Total training time during course		Total:	Total:			≥150hrs
Total flight time in FSTD		Total:	Total:			<u><</u> 45hrs
Dual flight time		Total:	Total:			<u>></u> 95hrs
Dual visual instruction		Total:	Total:		specified in note 1:	
Dual Basic instrument instruction		Total:		Total as specified in note 2:		Incl max hrs see note ¹ 10hrs
						Incl max hrs see note ²
Dual MCC instruction		Total:			10hrs	
					See note ³	
 VFR conversion training on an ME helicopter 		Total:	Total:			<u>></u> 5hrs
PIC/SPIC		Total PIC hours (incl. SPIC):		Total SPIC:		≥55hrs PIC
		Dour		Night:		max 40hrs SPIC
Solo	Solo		Day:			≥14hrs DAY and 1hr NIGHT
Cross Country /SPIC		Total hours: SPI		SPIC hours:		≥50hrs
						Incl min 10 hrs SPIC
VFR Cross Country SPI	C 100nm	Date:				Route:
Night		Total night:	Total dua	l night:	5 solo TO&LDGS	≥5hrs Incl 3hrs dual instruction

I, Head of Training, hereby certify the that the applicant fulfils the require	nat the applicant has passed the required training and ment for the issue of CPL(H)
Date of Signature:	Signature of Head of Training: