

FLIGHT INSTRUCTOR FI					
ASSESSMENT OF COMPETENCE					
FI(A) Restricted	FI(A)	IRI(A)	CRI SPA ME	CRI SPA SE	FI(S)
FI(B)	FI(A) incl. IR	FI(A) incl. CR SPA ME	FI(A) incl. FI	FI(S) Restricted	

Application and Report form

A. To be filled out by the applicant:

CPR-nr./Date of Birth:		Certifikat nr/Licence no:		Udstedende Stat/State of Licence Issue:	
Fornavn/First name(s):			Efternavn/Last name:		
Total flight time:	Total time single-engine piston or TMG:	Time single-engine piston last 6 months:	Total instrument flight time:	Total instructional hours	Cross-country hours
Flight time Multi-Engine aeroplane (If applying for instructor rating multi-engine)					
Total PIC on Class/Type (State Class or type):			Flight time on mentioned Class/Type last 12 months:		
Date of signature			Signature		

B. Pre-entry Flight Test (if required):

Name of ATO:		
I hereby recommend the above mentioned applicant to begin Flight Instructor(A) Course		
Date of Pre-entry Flight Test	Name of FI(A) conducting the test:	Signature of FI(A):

C. To be filled out by the Examiner of Section 1:

Date of assessment:	Name of Examiner:	Examiner authorisation no.:
I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirement for the issue of the applicable instructor rating section 1. I also declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document.		
Date of signature of Examiner	Signature of Examiner	
Result of Section 1: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Remaining sections shall be completed before: (Date)	

D. To be completed by the Examiner of Section 2 to 7:

Date of assessment:	Name of Examiner or stamp:	Examiner authorisation no.:
I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirement for the issue of the applicable instructor rating section 2 – 7. I also declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document.		
Date of signature of Examiner	Signature of Examiner	Temporary permission to exercise privileges (copy enclosed) Yes No
Result of the assessment		
Section 2: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 3: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 4: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Section 5: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 6: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 7: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Final result Section 2 to 7: Passed <input type="checkbox"/> Failed		

Name of Applicant:	
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Certification by Head of Training or Chief Ground Instructor:			
Name of ATO: (Use stamp):			
I hereby certify that the applicant has passed the required theoretical training and that the applicant fulfils the requirement for the issue of:			
FI(A)	FI(S)	FI(B)	IRI(A)
CRI SPA ME		CRI SPA SE	
and I hereby apply for the assessment of competence Section			
Date for start of training		Date for end of training	
Date of signature CGI		Signature of CGI	

Section 1: Theoretical Knowledge Oral		
a	Air Law	Comments:
B	Aircraft General Knowledge	
C	Flight Performance and Planning	
D	Human Performance and Limitations	
E	Meteorology	
F	Navigation	
G	Operational Procedures	
H	Principles of Flight	
I	Training Administration	
Result Section 1: Passed/Failed. Signature Examiner:		Signature of Applicant:

Name of Applicant:	
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Certification by Head of Training or Chief Flight Instructor:			
Name of ATO: (Use stamp):			
Theoretical knowledge instruction hours:		Teaching and learning hours:	
Date for start of flight training	Date for end of flight training:	Flight time during training:	Mutual flying:
Date of signature of CFI or HT		Signature of CFI or HT	

SECTION 2 Pre-Flight Briefing			Passed	Failed
a	Visual Presentation	Comments:		
b	Technical Accuracy			
c	Clarity of Explanation			
d	Clarity of Speech			
e	Instructional Technique			
f	Use of Models and Aids			
g	Student Participation			
Result Section 2		Passed	Failed	

SECTION 3 Flight			Passed	Failed
a	Arrangements of Demo	Comments:		
b	Synchronisation of Speech with Demo			
c	Correction of Faults			
d	Aircraft handling			
e	Instructional Technique			
f	General Airmanship/Safety			
g	Positioning Use of Airspace			
Result Section 3		Passed	Failed	

SECTION 4 Other Exercises			Passed	Failed
a		Comments:		
b				
c				
d				
e				
f				
g				
Result Section 4		Passed	Failed	Not Applicable

Name of Applicant:	
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SECTION 5 Multi-Engine Exercises				
These exercises shall be demonstrated for the single pilot multi-engine class rating instructor rating (CRI SPA ME)			Passed	Failed
a	Actions following an Engine failure shortly after take-off	Comments:		
b	A single-engine approach and go around			
c	A single-engine approach and landing			
d				
e				
f				
g				
Result Section 5			Passed	Failed

SECTION 6 Instrument Exercises				
These exercises shall be demonstrated for the single pilot multi-engine class rating instructor rating (CRI SPA ME)			Passed	Failed
a		Comments:		
b				
c				
d				
e				
f				
g				
Result Section 6			Passed	Failed

SECTION 7 Postflight De-Briefing				
These exercises shall be demonstrated for the single pilot multi-engine class rating instructor rating (CRI SPA ME)			Passed	Failed
a	Visual Presentation	Comments:		
b	Technical Accuracy			
c	Clarity of Explanation			
d	Clarity of Speech			
e	Instructional Technique			
f	Use of Models and Aids			
g	Student Participation			
Result Section 7			Passed	Failed

Details of the flight			
Aircraft Type:	Aircraft registration:	On block	On ground
Departure aerodrome		Off block	Airborne
Destination aerodrome		Total block time	Total airborne time No. of landings:

Remarks/Overall assessment/Reasons for failure (if applicable):

Name of instructor present at the assessment:

Signature of Examiner	Signature of Applicant:
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Name of Applicant:	
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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.
- 4.

Note:

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

Dato:/Date: _____

Underskrift:/Signature: _____