

## REVALIDATION OF TYPE RATING(S) FOR SEP HELICOPTERS

This form may only be completed by an EASA Examiner or an Instructor specially approved by Trafikstyrelsen/the Danish CAA in accordance with PART FCL.945.

I, the signing Examiner/Instructor, hereby declare that I have personally reviewed the logbook of the licence holder and verified that the person in question, within the validity period of the type rating have:

<input type="checkbox"/>	Flown a minimum of 6 hrs. as pilot in command on the applicable type <b>and</b>
<input type="checkbox"/>	Within the last 3 months before expiry of the type rating, flown at least 1 flight with a duration of minimum 1 hour with an instructor
<input type="checkbox"/>	<b>or</b> has passed a PART-FCL Skill Test, Licence Proficiency Check or Assessment of Competence for type rating
<input type="checkbox"/>	If applying for the revalidation of additional SEP helicopter types, flown a minimum of 6 hrs. as pilot in command on each additional type

Details of the Licence Holder:		
Date of birth:	Licence no.:	State of Licence issue:
First name(s):		Last name:
Address:		
Postal code and city:	E-mail:	Telephone:

The following has been entered in the licence (use the date format DD/MM/YYYY):					
<b>Rating:</b>		<b>Date of check:</b>		<b>Valid until:</b>	
<b>Rating:</b>		<b>Date of check:</b>		<b>Valid until:</b>	
<b>Rating:</b>		<b>Date of check:</b>		<b>Valid until:</b>	

Details of the Examiner/Instructor:	
Full name:	Date of signature:
Authorization no. of the Examiner/Instructor Licence no.:	Signature:

Further documentation must be attached, according to Examiner Differences Document:			
Instructor:		Examiner:	
<input type="checkbox"/>	Copy of instructor's licence with valid class rating and instructor rating	<input type="checkbox"/>	Copy of examiner's licence with valid class rating and instructor rating
<input type="checkbox"/>	Copy of instructor's valid medical certificate	<input type="checkbox"/>	Copy of examiner certificate
<input type="checkbox"/>	Copy of the applicant's certificate with the revalidated rating (what you've endorsed)	<input type="checkbox"/>	Copy of examiner's valid medical certificate (if applicable)
<input type="checkbox"/>		<input type="checkbox"/>	Copy of the applicant's certificate with the revalidated rating (what you've endorsed)