

Course Completion Certificate for issue, revalidation, renewal or variation of a Single or Multi-Pilot Type/Class Rating or the renewal of an Instrument Rating



This form is intended for use in the provision of evidence in support of an application made to the CAA using the CAA's online application service. Once completed the form should be scanned or photographed and uploaded by the applicant as part of an online application to the CAA.

FALSE REPRESENTATION STATEMENT
It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, revalidation, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine and on conviction on indictment with an unlimited fine or imprisonment or both.

1 COURSE/TRAINING COMPLETION CERTIFICATE	To be completed by the Training Organisation If a separate course completion certificate has not been provided								
I certify that (name) CAA Personal reference number (if known): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
Date of Birth has satisfactorily completed a course of training in accordance with Part-FCL for the following:									
Type/Class Rating and/or Instrument Rating									
Date Training commenced:	Date Training completed:								
Aircraft Type/Class name (including variants)									

Training completed (select one):	Initial Type/Class Rating Training	Refresher Training	No Refresher Training required	Extend privileges of the class/type rating and/or instrument rating
			<input type="checkbox"/>	<input type="checkbox"/>

The course consisted of hours of flight instruction of which hours consisted of synthetic flight instruction in a FNPT I or FNPT II/III or FTD 2/3 or FFS. FSTD Identification Number of device used (which must be issued in accordance with UK (EU) Regulation no. 1178/2011) (Please annotate UK FSTD/FTD/FFS Identification number if available).

Competent Authority issuing qualification certificate for the device.:

Please specify a specific instrument rating training hour separately from the type/class rating training hours
(For MEP only) hours of dual flight instruction in engine failure procedures and asymmetric flight techniques.

Flight Details (if applicable*):
Aircraft Registration: Number of take-offs and landings:.....
Base training Instructor name: Licence number:

Authorising Competent Authority:

Theoretical Knowledge Training (if applicable*):
Theoretical knowledge examination pass mark (%): Date:.....
The applicant has completed a reduced course of training. Please state the basis for this and provide a detailed explanation (if applicable):

Recommended for Skill Test or Proficiency Check by:
Name:..... Position:..... Licence No:.....

Approved Training Organisation Details:
Approved Training Organisation (ATO)/Declared Training Organisation (DTO)
ATO/DTO number:.....ATO/DTO issuing Authority:.....
Name of Head of Training (or authorized signatory**):..... Position:.....
Signature of Head of Training or authorized signatory: Date:.....

*If the base training is conducted with a different ATO, AOC or instructor, please ensure that Form SRG1112 is also completed and submitted.
 **An authorized signatory acts as a representative of the Head of Training, authorized by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Training Organisation. The Training Organisation must maintain a record of those authorized.

2.1 TRAINING CONTENT – UPRT (if applicable)	To be completed by the Training Organisation		
Advanced Upset Prevention and Recovery Training (UPRT) for the issue of a (select one): First Class or Type rating on a SP aeroplane used in MP operations First Type rating for a SP High-Performance complex aeroplane (SP or MP operations) First MP aeroplane type rating			
Date UPRT training commenced:		Date UPRT training completed:	
I certify that (name)..... has satisfactorily completed Upset Prevention and Recovery Training (UPRT). I further certify that I have examined applicants flying log and application form and confirm that they meet in full the pre-requisite requirements for the UPRT in accordance with Part-FCL. Approved Training Organisation (ATO)/Declared Training Organisation (DTO) ATO/DTO number:..... ATO/DTO issuing Authority: Name of Head of Training (or authorized signatory**):.....Position:..... Signature of Head of Training or authorized signatory:..... Date: **An authorized signatory acts as a representative of the Head of Training, authorized by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Training Organisation. The Training Organisation must maintain a record of those authorized.			
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1			

3 NOTIFICATION OF REVALIDATION (if applicable)	To be completed by the Applicant
I am notifying the CAA of the Revalidation by Experience of: SEP (land) SEP (sea) TMG I declare that the information provided on this form is correct and I have fully reviewed all guidance notes. Applicants name: Signature: Date:.....	
3.1 NOTIFICATION OF REVALIDATION – CONFIRMATION OF FLIGHT EXPERIENCE	To be completed by the UK FCL.945 Instructor/UK Examiner
I certify that I have examined the applicant’s logbook(s) and the entries in them meet in full the requirements to revalidation by experience. Total Flight Time in 12 months preceding the expiry date of the rating: Hours. Total Flight Time as PIC in 12 months preceding the expiry date of the rating: Hours. Date(s) of Training Flight with Instructor: I have endorsed the rating on the Certificate of Revalidation and the new expiry date is:..... Competent Authority issuing UK FCL.945 Instructor/UK Examiner’s Certificate: UK FCL.945 Instructor/UK Examiner’s Name: UK FCL.945 Instructor/UK Examiner’s Number: UK FCL.945 Instructor/UK Examiner’s Signature: Date:.....	
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	