

# Course Completion Certificate – Modular Course



This form is intended for use in the provision of evidence in support of an application made to the CAA using the CAA's e-licensing system or when submitting an online application. Once completed the form should be scanned or photographed and uploaded by the applicant as part of an e-licensing/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, 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.

<b>1. APPLICANT DETAILS</b>	
CAA Personal Reference number (if known): <input type="text"/>	Date of Birth: .....
Title: .....	Forename: ..... Surname: .....

<b>2. CPL MODULAR OR REDUCED MODULAR TRAINING COURSE DETAILS</b>		<b>To be completed by the Approved Training Organisation</b>	
<p>I certify that (name)..... has satisfactorily met the pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a training for the grant of a Commercial Pilot's Licence.</p> <p>I further certify that I have examined the applicants flying logbook(s) and that the entries in them meet in full the flying experience requirements for the grant of a Commercial Pilot's Licence (CPL) in accordance with Part-FCL.</p>			
<b>Aircraft class/type rating used for training (please specify):</b>			
<b>Date CPL course commenced:</b>		<b>Date CPL course completed:</b>	
<b>The course consisted of:</b>			
hours dual flight instruction of which hours dual instrument flight instruction hours dual flight visual instruction (if applicable) hours dual flight instruction at night (if applicable) hours instrument instruction hours of MEP asymmetric flight instruction (if applicable)			
<b>Simulator experience (if applicable):</b>			
hours instrument ground time in a FTD 2/3 or FNPT I    FNPT II/III    Flight Simulator FSTD Identification Number of simulator used ..... (must be issued in accordance with the Aircrew regulation) Competent Authority issuing Qualification Certificate for the simulator.....			
BIFM credit	hours of which	in a simulator (if applicable)	<b>Please also attach BIFM course completion certificate to this document</b>
Details of credits towards flying training (if applicable):			
<b>Recommended for Skill Test by name:</b> .....		<b>Licence number:</b> .....	
Name of Approved Training Organisation (ATO):.....			
ATO number:..... ATO issuing Authority:.....			
Name of Head of Training:..... Signature:			Date: