

Night Rating Course Completion Certificate



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, 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. APPLICANT DETAILS

CAA Personal reference number (if known): Date of Birth:

Title: Forename(s): Surname:

2. NIGHT RATING COURSE DETAILS

To be completed by ATO/DTO holding the course approval

I certify that (name) has satisfactorily completed a course of training in accordance with Part-FCL/Part-BFCL for the issue of the rating detailed below.

I certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of the rating in accordance with Part-FCL/Part-BFCL.

Night rating course completed in (select one)

Aeroplane Helicopter Balloon Airship

Date course started: Date course completed:

The course consisted of:

..... dual instruction at night

..... total hours experience at night

..... take-offs and landings completed as PIC

..... hours of dual cross-country instruction at night of at least 50 km (27NM) – Aeroplane and Airship only)

..... hours of dual cross-county instruction at night – (Helicopter only)

..... hours of dual instrument instruction time – (Helicopter only)

(Balloon only) The applicant has completed.....instruction flights at night of at least one hour each.

Date of flight.....(please ensure this is clearly annotated in logbook)

Date of flight.....(please ensure this is clearly annotated in logbook)

Name of FI(B):

CAA reference number of FI(B):

(LAPL only) The LAPL holder has completed the basic instrument flight training required for the issue of the PPL before the completion of the night rating. Yes No Not applicable

Name of Approved Training Organisation (ATO) / Declared Training Organisation (DTO)/FI(B):
.....

ATO/DTO approval number (if applicable):

Name of Head of Training (if applicable):

Signature (Head of Training/FI(B)): Date:

3. DISCRETIONAL TRAINING

To be completed by UK ATO/DTO holding the course approval

To be completed for pilots wishing to transfer the Night privilege from an ICAO licence to a UK issued Part-FCL or UK ANO licence

I certify that (name) has satisfactorily completed discretionary training for the issue of:

- Night Rating (Aeroplane) Night Rating (Helicopter) Night Rating (Balloon) Night Rating (Airship)

The following training has been completed:

Date training commenced: Date training completed:

Name of UK training provider (ATO/DTO):

UK ATO/DTO number:

Name of Head of Training:

Signature (Head of Training/FI(B)): Date: