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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **APPLICATION AND REPORT FORM FOR THE FI(B) ASSESSMENT OF COMPETENCE (AMC3 BFCL.345)** | | | | | | |
| I hereby apply for the issue of a flight instructor certificate for balloons (FI(B)) in accordance with Annex III (Part-BFCL) to Regulation (EU) 2018/395. | | | | | | | | | | | | |
| **1** | | **Applicant’s personal particulars:** | | | | | | | | | | |
| Applicant’s last name(s): | | | | | | | First name(s): | | | | | |
| Date of birth: | | | | | Telephone: | | | | | Email: | |
| Address: | | | | | | | Country: | | | | | |
| Date: | | | | | | | Signature of the applicant: | | | | | |
| **00** | | **Licence details** | | | | | | | | | | |
| Class extension(s):  (tick as applicable) | | | | | ⃞ Hot-air balloons/Groups: ⃞ A ⃞ B ⃞ C ⃞ D    ⃞ Gas balloons  ⃞ Hot-air airships | | | | | | | |
| Additional privileges:  (tick as applicable) | | | | | ⃞ Tethered hot-air balloon flight rating  ⃞ Night rating | | | | | | | |
| **3** | | **Pre-course flying experience** | | | | | | | | | | |
| Flying hours in different classes | | | | Hot-air balloon | | | | | | Gas balloon | Hot-air airship | |
| PIC | | | |  | | | | | |  |  | |
| TOTAL TIME | | | |  | | | | | |  |  | |
| **4** | | **Pre-entry assessment** | | | | | | | | | | |
| I recommend .....................................................................for the FI(B) course. | | | | | | | | | | | | |
| Name of ATO/DTO: | | | | | | Date of pre-entry assessment: | | | | | | |
| Name (capital letters) of HT of the ATO/DTO: | | | | | | | | | | | | |
| Name (capital letters), licence number and signature of the FI(B) conducting the flight assessment (if applicable): | | | | | | | | | | | | |
| **5** | | **Declaration by the ATO/DTO** | | | | | | | | | | |
| I certify that .......................................... has satisfactorily completed an approved course of training for the FI(B) certificate in accordance with the relevant syllabus. | | | | | | | | | | | | |
| Flying hours during the course: | | | | | | | | | Take-offs during the course: | | | |
| Name(s) of HT: | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | |
| Name of ATO/DTO: | | | | | | | | | | | | |
| FROM HERE TO BE COMPLETED BY THE EXAMINER | | | | | | | | | | | | |
| **6** | | **Result of the assessment of competence** | | | | | | | | | | |
| Oral theoretical  knowledge  examination: | | | ⃞ Passed  ⃞ Partially passed  ⃞ Failed | | | | | | | Practical part: | ⃞ Passed  ⃞ Partially passed  ⃞ Failed | |
| Reasons and details in case of fail or partial pass/other remarks as necessary: | | | | | | | | | | | | |
| In case of fail:  (tick as applicable) | | | ⃞ I recommend further ground training before retest.  ⃞ I recommend further flight training with an FI(B) before retest. | | | | | | | | | |
| ⃞ I do not consider further flight or theoretical instruction necessary before retest. | | | | | | | | | |
| I, the undersigning examiner:  - have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part-BFCL) to Regulation (EU) 2018/395;  - confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail; and  - where applicable, have reviewed and applied the national procedures and requirements of the applicant’s competent authority which is different from the competent authority that issued my examiner certificate. | | | | | | | | | | | | |
| Examiner’s certificate number: | | | | | | | | Examiner’s certificate number: | | | | |
| Examiner’s name (capital letters): | | | | | | | | Examiner’s name (capital letters): | | | | |
| **7** | **Attachments** | | | | | | | | | | | |
| Detailed report as per AMC2 BFCL.345 to be attached (check list) | | | | | | | | | | | | |
| Copy of the FE(B) certificate (in cases where the competent authority of the applicant is different from the competent authority of the examiner) | | | | | | | | | | | | |

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