

## **EXAMINER CERTIFICATE**

## INITIAL TRAINING ISSUE EXTENSION

INITIAL TRAINING	
ISSUE	

	* *	APPLICATI Ref: Reg. 1	ON FORM 1178/2011	EXTENSION		
1 SENIOR EXAMINER DETAILS						
Last name(s)						
First name(s)						
Tax Id Code						
e-mail						
PEC						
Cellular phone						
2 EXAMINER APPLICANT DETAILS						
Last name(s)						
First name(s)						
Tax Id Code						
e-mail						
PEC						
Cellular phone						
3 AoC DETAILS						
Description						
Aircraft type or FSTD						
Place						
Date						
4 SENIOR EXAMINER DESIGNATION REQUEST						
I hereby request to be designated for the above specified assessment of competence (ref. FCL.1020 or FCL.025 as applicable) being aware that the request for issue / extension shall be sent to ENAC at least 7 (seven) days before proposed AoC date and that Official Designation in writing from the Authority has to be received before commencing the AoC						
Date			Senior Examiner signature			
5 ATTACHEMENT (tick as applicable)						
Examiner Standardization Course completion certificate FSTD Certificate of Approval (if applicable) Examiner Applicant licence Senior Examiner Applicant training reports (initial issue only) Sonior Examiner medical certificate (if applicable)						