

 Ente Nazionale per l'Aviazione Civile	TR / IR	<input type="checkbox"/> REVALIDATION
	EBT PRACTICAL ASSESSMENT	
 	APPLICATION & REPORT FORM Ref: Appendix 10 Part FCL Reg. 1178/2011	<input type="checkbox"/> RENEWAL

1 APPLICANT DETAILS and ASSESSMENT SPECIFICATIONS					
Applicant last name(s)		Application for:	<input type="checkbox"/> TYPE RATING		
Applicant first name(s)			<input type="checkbox"/> TYPE RATING + INSTRUMENT RATING		
Identity card number		Type rating			
Licence type					
Licence number		FSTD			
State of issue					
Aware of the consequences of providing incomplete, inaccurate or false information, the applicant declares that above data are correct and he/she does not hold any other license, rating or certificate issued under Part FCL by any other member State.		Date			
		Applicant signature			
2 NOMINATED INSTRUCTOR (EBTI) with SIGNATURE DELEGATION DETAILS					
Last name(s)		Licence type			
First name(s)		Licence number			
Identity card number		Operator			
Date		Position held			
Aware of the consequences of providing incomplete, inaccurate or false information, the Instructor declares that above data are correct and he/she has been delegated by Operator EBT manager to endorse and sign applicant license as per AMC1(c) to Appendix 10 to Part FCL.		Nominated Instructor signature			
3 OPERATOR EBT MODULE 1					
Session 1	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session 2	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session ... (If required)	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
<input type="checkbox"/>	MODULE COMPLETED		Date		
<input type="checkbox"/>	EXTRA SESSION(S) NEEDED		EBT Manager signature		

Applicant name _____



3.1 OPERATOR EBT MODULE 2					
Session 1	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session 2	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session ... (If required)	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
<input type="checkbox"/>	MODULE COMPLETED		Date		
<input type="checkbox"/>	EXTRA SESSION(S) NEEDED		EBT Manager signature		

3.2 OPERATOR EBT MODULE ...					
Session 1	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session 2	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
Session ... (If required)	Instructor name		FSTD ID code		
	Licence type		Location		
	Licence number		Date and time		
<input type="checkbox"/>	MODULE COMPLETED		Date		
<input type="checkbox"/>	EXTRA SESSION(S) NEEDED		EBT Manager signature		

4 OPERATOR EBT PROGRAMME COMPLETION						
EBT Manager Last / first name(s)		Programme timeframe	Initial date		Completion date	
Date		EBT Manager signature				
Examiner / EBT Mngr Last / first name(s)		Date of license endorsement				
Examiner / EBT Mngr Licence type / number		Examiner / EBT Mngr signature				

5 TRAINING MANAGER / EBT MANAGER DECLARATION - AMC1(b) to App10	
<input type="checkbox"/> The EBT manager holds a current type rating examiner certificate in the type rating filled in in Appendix 10 (to be attached)	Trng / EBT Mngr signature
<input type="checkbox"/> The instructor(s) that conducted the training to the applicant has (have) been standardized	
<input type="checkbox"/> The EBT operator has performed a verification of the grading system at least once in the last 3 years	
<input type="checkbox"/> The integrity of the applicant training data is ensured	

Applicant name _____



END



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