

 	EXAMINER CERTIFICATE INITIAL TRAINING INITIAL ISSUE	<input type="checkbox"/> INITIAL TRAINING
	APPLICATION FORM Ref: Reg. 1178/2011	<input type="checkbox"/> INITIAL ISSUE

1 SENIOR EXAMINER DETAILS

Last name(s)	
First name(s)	
Tax Identification Code	
e-mail	
PEC	
Cellular phone	

2 EXAMINER APPLICANT DETAILS

Last name(s)	
First name(s)	
Tax Identification 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)

<input type="checkbox"/>	Examiner Standardization Course completion certificate
<input type="checkbox"/>	FSTD Certificate of Approval (if applicable)
<input type="checkbox"/>	Examiner Applicant licence
<input type="checkbox"/>	Senior Examiner Certificate (if not included in the licence)
<input type="checkbox"/>	Examiner Applicant training reports (initial issue only)
<input type="checkbox"/>	Senior Examiner medical certificate (if applicable)