

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