Ente Nazionale per l'Aviazione Civile

TR / IR
A

EBT PRACTICAL ASSESSMENT

APPLICATION & REPORT FORM

Ref: Appendix 10 Part FCL Reg. 1178/2011

☐ REVALIDATION

☐ RENEWAL

1 APPLICANT DETAILS and ASSESSMENT SPECIFICATIONS

Applicant last name(s)		*Application for:*	☐ TYPE RATING
Applicant first name(s)			☐ 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*	

☐	*MODULE COMPLETED*	*Date*	
☐	*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*		

☐	*MODULE COMPLETED*	*Date*	
☐	*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*		

☐	*MODULE COMPLETED*	*Date*	
☐	*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	
☐	*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*
☐	*The instructor(s) that conducted the training to the applicant has (have) been standardized*	
☐	*The EBT operator has performed a verification of the grading system at least once in the last 3 years*	
☐	*The integrity of the applicant training data is ensured*	

Applicant name _____

END