

 ENTE NAZIONALE PER L'AVIAZIONE CIVILE	ATPL, MPL, TYPE / CLASS RATING, TRAINING, SKILL TEST AND PROFICIENCY CHECK APPLICATION AND REPORT FORM (A) AND (H)	<input type="checkbox"/> ATPL <input type="checkbox"/> MPL <input type="checkbox"/> TYPE RATING <input type="checkbox"/> CLASS RATING <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> IR <input type="checkbox"/> TRAINING RECORD <input type="checkbox"/> SKILL TEST <input type="checkbox"/> PROFICIENCY CHECK
	Ref.: AMC1 to Appendix 9 PART-FCL Reg. 1178/2011	

Applicant's last name(s): <i>Cognome del candidato:</i>		Aircraft: <i>Aeromobile:</i>	SE-SP: <input type="checkbox"/> A <input type="checkbox"/> H	ME-SP <input type="checkbox"/> A <input type="checkbox"/> H
Applicant's first name(s): <i>Nome del candidato:</i>			SE-MP: <input type="checkbox"/> A <input type="checkbox"/> H	ME-MP <input type="checkbox"/> A <input type="checkbox"/> H
Identity Card: <i>Documento di identificazione:</i>		Operations: <i>Operazioni:</i>	<input type="checkbox"/> SP	<input type="checkbox"/> MP
Type of licence held (1): <i>Tipo di Licenza posseduta(1):</i>		Checklist: <i>Lista di controllo:</i>	<input type="checkbox"/> Training Record <input type="checkbox"/> Skill Test <input type="checkbox"/> Proficiency Check	
Number of licence held: <i>No. di licenza posseduta:</i>			<input type="checkbox"/> ATPL	<input type="checkbox"/> MPL
State of Issue: <i>Stato di Emissione:</i>			<input type="checkbox"/> SEP	<input type="checkbox"/> MEP
The applicant declares that he/she does not hold any other licence, rating or certificate of the same category issued under Part FCL by any other member State				
Signature of applicant: <i>Firma del candidato:</i>			<input type="checkbox"/> IR Proficiency Check	

TO BE FILLED BY THE ATO TRAINING STAFF
far compilare dal training staff dell'ATO prima del check

1	THEORETICAL TRAINING FOR THE ISSUE OF A TYPE OR CLASS RATING PERFORMED DURING PERIOD <i>Addestramento teorico per il rilascio di un'abilitazione per tipo o per classe effettuato nel periodo</i>			
Training performed <i>Addestramento effettuato</i>	From: <i>Dal:</i>	To: <i>Al:</i>	At (ATO): <i>Presso (ATO):</i>	
Marks obtained (% - pass mark 75%): <i>Valutazione finale (in % - 75% sufficienza)</i>		ATO ref. No: <i>Numero ATO:</i>		
Name of HT in capital letters: <i>Nome del HT in stampatello:</i>		Type and no. of licence: <i>Tipo e no. di licenza:</i>		
Signature of HT: <i>Firma del HT:</i>				
2	FSTD Training <i>Addestramento su Simulatori di Volo:</i>			
FSTD (aircraft type) <i>Tipo dell'aeromobile rappresentato:</i>	Three or more axes: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tre o più assi:</i>	Ready for service and used: <i>Idoneo all'impiego e servizio:</i>		
FSTD Manufacturer: <i>Costruttore del Simulatore:</i>	Motion: <i>Sistema di movimento:</i>	Visual Aid: <i>Sistema Visivo:</i>		
FSTD Operator: <i>Operatore del Simulatore:</i>	FSTD ID Code: <i>Codice identificativo del Simulatore:</i>			
Total time training at the controls: <i>Durata totale dell'addestramento ai comandi:</i>		Instrument approaches at aerodromes to a decision altitude or height of: <i>Minime utilizzate per gli avvicinamenti strumentali:</i>		
Location, date and time: <i>Luogo, data ed orario:</i>		Type and number of licence: <i>Tipo e numero di licenza:</i>		
<input type="checkbox"/> Type Rating Instructor		<input type="checkbox"/> Class Rating Instructor		<input type="checkbox"/> Instructor
Signature of Instructor <i>Firma dell'Istruttore:</i>		Name in capital letters: <i>Nome in stampatello:</i>		
3	FLIGHT TRAINING <i>Addestramento in Volo</i>			
Type of Aircraft: <i>Tipo di Aeromobile:</i>	Registration: <i>Registrazione:</i>	Flight time at the controls: <i>Durata:</i>		
Take offs: <i>Decolli:</i>	Landings: <i>Atterraggi:</i>	Training aerodromes or sites (Take offs, approaches and landings) <i>Aerodromi o siti utilizzati:</i>		
Take off time: <i>Orario decollo:</i>	Landing time: <i>Orario att.gio:</i>			
Location and Date: <i>Data e Luogo:</i>		Name of Instructor: <i>Nome dell'Istruttore:</i>		
Type and No. of licence: <i>Tipo e no. di licenza:</i>		<input type="checkbox"/> Type rating Instructor	<input type="checkbox"/> Class rating Instructor	
Signature of Instructor: <i>Firma dell'Istruttore:</i>				

Applicant's name and surname: <i>Nome e cognome del candidato:</i>			
4	ATO informations (only in case of initial rating or renewal of expired type rating)		
ATO name _____		Registration number _____	
Name of Head of Training _____		Licence number _____	
Location and date _____			
<input type="checkbox"/> SKILL TEST		<input type="checkbox"/> PROFICIENCY CHECK	
Revalidation of TR only: 10 route sectors <input type="checkbox"/> Or 1 route sector with an examiner <input type="checkbox"/> Or combined TRPC/OPC (FCL.740.A(a)(3)) <input type="checkbox"/>			
Skill test and proficiency check details: <i>Dettagli dello skill test o proficiency check:</i>			
Valid until:			
Aerodrome or site: <i>Aerodromo o sito:</i>		Total flight time: <i>Durata totale del volo:</i>	
Take off time: <i>Orario decollo:</i>		Landing time: <i>Orario atterraggio:</i>	
PASS	FAIL	Reason(s) why, if failed: <i>Motivazione(i) del fail:</i>	
Location and date: <i>Luogo e data:</i>		FSTD or Aircraft Type and Registration: <i>Registrazione e Tipo dell'Aeromobile o Simulatore:</i>	
Examiner's certificate number*: <i>Numero del certificato dell'esaminatore:</i>		Type and number of licence: <i>Tipo e numero di licenza:</i>	
Signature of examiner: <i>Firma dell'esaminatore:</i>		Full Name(s) in capital letters: <i>Nome completo in stampatello:</i>	

Declaration to be signed by all Examiners

I have received information from the applicant regarding his/her experience and instruction, and found that experience and instruction complying with the applicable requirements in this Part (FCL.1030 i)	
Date.....	Signature of examiner.....

Declaration to be signed by holders of examiner certificates issued by EASA member States other than Italy

I hereby declare that I, * _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version** of the Examiner Differences Document.	
(*) Name of examiner **Insert document version (i.e. 01 – 2014)	
Date.....	Signature of examiner.....