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|  | **APPLICATION AND REPORT FORM FOR THE FI(B) ASSESSMENT OF COMPETENCE (AMC3 BFCL.345)** |
| I hereby apply for the issue of a flight instructor certificate for balloons (FI(B)) in accordance with Annex III (Part-BFCL) to Regulation (EU) 2018/395. |
| **1** | **Applicant’s personal particulars:** |
| Applicant’s last name(s): | First name(s): |
| Date of birth:  | Telephone:  |  Email:  |
| Address:  | Country:  |
| Date:  | Signature of the applicant:  |
| **00** | **Licence details** |
| Class extension(s):(tick as applicable) |  ⃞ Hot-air balloons/Groups: ⃞ A ⃞ B ⃞ C ⃞ D   ⃞ Gas balloons ⃞ Hot-air airships |
| Additional privileges:(tick as applicable) |  ⃞ Tethered hot-air balloon flight rating ⃞ Night rating |
| **3** | **Pre-course flying experience** |
| Flying hours in different classes  | Hot-air balloon  | Gas balloon  | Hot-air airship  |
|  PIC |  |  |  |
|  TOTAL TIME |  |  |  |
| **4** | **Pre-entry assessment** |
| I recommend .....................................................................for the FI(B) course. |
| Name of ATO/DTO:  | Date of pre-entry assessment:  |
| Name (capital letters) of HT of the ATO/DTO:  |
| Name (capital letters), licence number and signature of the FI(B) conducting the flight assessment (if applicable):  |
| **5** | **Declaration by the ATO/DTO** |
| I certify that .......................................... has satisfactorily completed an approved course of training for the FI(B) certificate in accordance with the relevant syllabus. |
| Flying hours during the course:  | Take-offs during the course:  |
| Name(s) of HT: |
| Signature: |
| Name of ATO/DTO:  |
|  FROM HERE TO BE COMPLETED BY THE EXAMINER |
| **6** | **Result of the assessment of competence** |
| Oral theoretical knowledge examination: |  ⃞ Passed ⃞ Partially passed ⃞ Failed   | Practical part: |  ⃞ Passed ⃞ Partially passed ⃞ Failed |
| Reasons and details in case of fail or partial pass/other remarks as necessary: |
| In case of fail:(tick as applicable) |  ⃞ I recommend further ground training before retest. ⃞ I recommend further flight training with an FI(B) before retest. |
|  ⃞ I do not consider further flight or theoretical instruction necessary before retest. |
| I, the undersigning examiner:- have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part-BFCL) to Regulation (EU) 2018/395;- confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail; and- where applicable, have reviewed and applied the national procedures and requirements of the applicant’s competent authority which is different from the competent authority that issued my examiner certificate. |
| Examiner’s certificate number: | Examiner’s certificate number: |
| Examiner’s name (capital letters): | Examiner’s name (capital letters): |
| **7** | **Attachments** |
| Detailed report as per AMC2 BFCL.345 to be attached (check list) |
| Copy of the FE(B) certificate (in cases where the competent authority of the applicant is different from the competent authority of the examiner) |

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