Application Form for FI (A) – Removal of Restriction

Ref. of Payment

APPLICANT			
First Name	Last Name	Date of Birth	Place of Birth
Nationality	Personal Address		City, Country
Telephone	E-mail		
Type of Licence	Licence Number		Valid Until
Employed as Instructor			

☐ **Supervision Instructor (Initial)**

Last name:_____ First name: _____

License number: _____ FI Signature: _____

Name ATO/DTO: _____ HT Signature: _____

☐ **Change of Supervision Instructor (if any)**

A hand over of all relevant Informations related to the FI training and the ATO change has taken place

Previous Instructor — Last name: _____ First name: _____

Licence no: _____ FI Signature: _____

New Instructor — Last name: _____ First name: _____

Licence no: _____ FI Signature: _____

Name ATO/DTO: _____ HT Signature : _____

RECORDING OF SOLO FLIGHTS/SUPERVISED FLIGHT EXERCISES (FI(A) Removal of Restriction)					
Date of flight		Student name	Name and license number of the supervising FI	Signature of the supervising FI	Name of ATO/DTO
1					
2					
3					
4					
5					
6					
7					
8					
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11					
12					
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25					

☐ **Removal of Restriction**

I hereby recommend the above-mentioned FI(A) to act as unrestricted flight instructor and certify that the applicant has fullfilled all requirements acc. TCAR PEL Part FCL and is competent to conduct flight instruction without restriction

completed at least 100 hours flight instruction in aeroplanes Hours: _____

supervised at least 25 student solo flights Nr.of Flights:_____

Licence number: _____ FI Signature: _____

A copy of the relevant logbook pages must be attached to this form.

Data confirmed by Training Organisation (ATO)or (DTO)

Name: _____ Registration no: _____

Name of HT or CFI: _____Licence no: _____

Location & Date: _____Signature HT or CFI: _____

By signing this form, I declare:

- I know the relevant parts of the operational requirements and the TCAR PEL Part FCL regulation.
- I have never possessed any personnel licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.
- that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation, or having it revoked or cancelled.

Name: _____

Date and Place of Signature: _____

Signature: _____