

Flight instructor – Restricted privileges – ATO traineeship

NOTE:

- DO READ FCL.910.FI before starting a traineeship;
- only one form must be used per aircraft category;
- DO MAKE backups of this form during your FI traineeship;
- The FI candidate is responsible of this form.

1. Personal details of the restricted flight instructor						
Title: First name	:	Surname:				
Date of Birth (dd/mm/yyyy):		Place of Birth:				
Licence number :						
For which category is it applicab	ole :					
☐ Airplane (A) ☐ Heli	icopter (H)	☐ Balloon (B) ☐ Airship	(As)			
2. Details of the Approved Train	ning Organisation (ATO) responsible	le for the FI traineeship				
Name of the ATO :						
BE/ATO-						
3. Details of other ATO's where	e the restricted FI was providing ins	struction (if applicable)				
Name of the ATO :			ATO ref #			
Name of the ATO :			ATO ref #			
Name of the ATO :			ATO ref #			
Name of the ATO :			ATO ref #			
Name of the ATO :			ATO ref #			

Responsible ATO Head of training approval

Signature:

Date:



4. Flight time	as FI accumulated tow	Applicable for FI(A) and FI(H)					
Date (dd/mm/yy)	Student pilot name	Flight time as Fl [hh:mm]UTC	ATO ref#	Supervisor FI Name	Supervisor FI licence number	Supervisor FI signature	Comments or reference to the document providing the comments.
	TOTAL						Page of

Responsible ATO Head of training approval

Signature :

Date:



Applicable for FI(A) and FI(H)

Remarks:

A solo flight air exercise can be:

- A solo touch & go's session (A/H)
- A solo x-country navigation (A/H)
- A solo hover session (H)

Date (dd/mm/yy)	Supervised solo flight #	Student pilot name	ATO ref #	Supervisor FI Name	Supervisor FI licence number	Supervisor FI signature	Comments or reference to the document providing the comments.
TOTAL							Page of

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Signature:

Date:



6. Flight	time as FI a	ccumulated	towards the re	auirement of	FCL.910.F	(c)	(3)
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Applicable for FI(As), FI(S) and FI(B)

Remarks:

The ATO must choose one of the two requirements :

- 1. 15h or;
- 2. 50 take-offs of flight instruction covering the full training syllabus for the issue of a PPL(As), SPL or BPL

-> No LAPL(S) or LAPL(B) training are allowed

					-> NO	LAPL(3) OF LAPL(B) (Fail)	ing are allowed	
Date (dd/mm/yy)	Student pilot name	Flight #	Flight time as FI [hh:mm]UTC	ATO ref#	Supervisor FI Name	Supervisor FI licence number	Supervisor FI signature	Comments or reference to the document providing the comments. Provide the Part-FCL exercise reference number if applicable (requirement N°2)
	TOTAL				<u> </u>		<u> </u>	Page of

Responsible ATO Head of training approval

Signature :

Date:



7. Acknowledgement of the needed experience to remove the restriction					
Head of Training or nominated deputy:					
I do certify the above mentioned restricted FI has accumulated the required experience to remove the restriction of his FI certificate.					
Name :	Surname :				
Signature :	Date :				
Restricted FI:					
I do certify that the above mentioned experience was performed and that I can provide any necessary information supporting my application if requested by the BCAA licensing department.					
Signature :	Date :				

Responsible ATO Head of training approval

Signature :

Date: