Solo Cross-Country Briefing Certificate and Authorisation

*i.a.w. Regulations (EU) No. 1178/2011; Part-FCL*

*NOTES:*

* The student pilot shall:
  + carry this authorisation on all solo cross-country flights;
  + carry a personal identification containing his/her photo;
  + carry a valid medical certificate;
  + without undue delay present his/her flight time record for inspection upon request by an authorised representative of a competent authority.
* This document shall be kept in the student pilot training record after completion of the flight.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Instructor’s briefing and authorisation of the solo cross-country flight | | | | | | | | | | | | | | | | | | | to be completed by the authorised flight instructor | | | | |
| *This is to certify that student pilot* (name and first name): | | | | | | | | | | |  | | | | | | | | | | | | |
| *With the licence number* (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | |
| *Has been briefed for a solo cross-country navigation flight as follows:* | | | | | | | | | | | | | | | | | | | | | | | |
| From : | |  | | | | | | | To : | | | | |  | | | | | | | | | |
| From : | |  | | | | | | | To : | | | | |  | | | | | | | | | |
| From : | |  | | | | | | | To : | | | | |  | | | | | | | | | |
| For an ETD of (hours): | | |  | | | With A/C tailnumber: | | | | | | | | |  | | | | | Date: | | |  |
| The student pilot’s navigation plan has been checked and the following items discussed: | | | | | | | | | | | | | | | | | | | | | | | |
| Weather | | | | | |  | | Forecasts and actuals | | | | | | | | | | | | | | | |
| Map selection, preparation and use | | | | | |  | | Choice of route | | | | | | | | | | | | | | | |
|  | | Controlled airspace | | | | | | | | | | | | | | | |
|  | | Danger, prohibited and restricted areas | | | | | | | | | | | | | | | |
|  | | Safety altitudes | | | | | | | | | | | | | | | |
|  | | Noise abatement considerations | | | | | | | | | | | | | | | |
| Calculations | | | | | |  | | Magnetic heading(s) and time(s) en-route | | | | | | | | | | | | | | | |
|  | | Fuel consumption | | | | | | | | | | | | | | | |
|  | | Mass and balance | | | | | | | | | | | | | | | |
|  | | Mass and performance | | | | | | | | | | | | | | | |
| Flight information | | | | | |  | | NOTAMs etc | | | | | | | | | | | | | | | |
|  | | Radio frequencies | | | | | | | | | | | | | | | |
|  | | Selection of alternate aerodromes and landing sites | | | | | | | | | | | | | | | |
| Aircraft | | | | | |  | | Documentation | | | | | | | | | | | | | | | |
|  | | Operation of the required systems and equipment | | | | | | | | | | | | | | | |
| Notification of the flight | | | | | |  | | Pre-flight administrative procedures | | | | | | | | | | | | | | | |
|  | | Flight plan form (where appropriate) | | | | | | | | | | | | | | | |
| R/T Communication | | | | | |  | | Proficient | | | | | | | | | | | | | | | |
| In the event of a landing being made at a place other than an aerodrome named hereon, the authorisation for the flight is automatically terminated. The authorising instructor is then to be notified immediately by telephone (tel.: ) and the flight MUST NOT be continued without his/her specific authorisation. | | | | | | | | | | | | | | | | | | | | | | | |
| Instructor’s name and first name: | | | | |  | | | | | | | | | | | License number: | | | | | |  | |
| Approved Training Organisation (ATO): | | | | |  | | | | | | | | | | | | | | | | | | |
| DTO declared No: | | | **BE.DTO.** | |  | | | | | | | | | | | | | | | | | | |
| Signature (Authorising Instructor): | | | | |  | | | | | | | | | | | | | Date: | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Student pilot confirmation | | | | | | | | | | to be completed by the student pilot | | | | | | | | | | | | | |
| *I,* (student name and first name) | | | | |  | | | | | | | | | | | | | | | | | | |
| *certify that I have been briefed for the navigation exercise detailed above and understand that in the event of an unscheduled landing I will contact the Authorising Instructor or his/her deputy by the quickest possible means and act according to his/her instructions.* | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | Date : | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Aerodrome 1 | | | | to be completed by an aerodrome representative | | | | | | | | | | | | | | | | | | | |
| *This is to certify that the above mentioned pilot landed at:* | | | | | | | | | | | |  | | | | | | | | | | | |
| Date: |  | | | | | | Time (UTC): | | | | |  | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment (i.e. Flight Instructor or Air Traffic Service unit): | | | | | | | | | | | | |  | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | |
| Signature and/or stamp of the appointment: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Aerodrome 2 | | | | to be completed by an aerodrome representative | | | | | | | | | | | | | | | | | | | |
| *This is to certify that the above mentioned pilot landed at:* | | | | | | | | | | | |  | | | | | | | | | | | |
| Date: |  | | | | | | Time (UTC): | | | | |  | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment (i.e. Flight Instructor or Air Traffic Service unit): | | | | | | | | | | | | |  | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | |
| Signature and/or stamp of the appointment: | | | | | | | | | | | | | | | | | | | | | | | |