

Name of FTO/TRTO		Fax or E-mail:	
Name of Applicant:			
Date of birth/Licence No:		E-mail address:	
Type of Licence PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> Co-pilot only <input type="checkbox"/> if applicable			
Rating(s) to be renewed: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/> IR <input type="checkbox"/> Type or class:			
Date of latest passed proficiency check on rating to be renewed:			
Stamp of organisation			

Summary of Flight Time

Total on relevant category (aeroplan, helicopter, etc.)		Since latest passed proficiency check. Flight time on rating to be renewed	
Other relevant information: (as applicable e.g. failed attempts, flight time other categories, classes, or types since latest proficiency check)			
Suggested renewal procedure: (information as applicable: Technical training: topics/hours Simulator, flight training hours AND proficiency check)			
Date:	Signature (Head of training):		

FOR OFFICIAL USE

Renewal procedure accepted:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Examiner can issue Temporary Rating:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date:	Signature:		
Stamp			