



**Tip / Sınıf / Aletli Uçuş Yetkilerinin Yenilemesi için
Değerlendirme/Tazeleme Eğitimi Formu**
(Assessment/Refresher Training Form For
Type / Class / Instrument Rating(s) Renewal)



1. KİŞİSEL BİLGİLER / Personal Information

Başvuranın Adı ve Soyadı:

Applicant's Name and Surname:

Lisans Numarası: TR.FCL.A.....

Licence number:

T.C. Kimlik No:

ID Number:

Telefon No:

Phone Number:

E-Posta:

E-Mail:

Yenilenmesi Talep Edilen Yetki/Yetkiler:

Rating(s) Requested to Renew:

Bu formda yer alan bilgilerin doğru ve eksiksiz olduğunu beyan ederim.

I, hereby, confirm that all the information given in this form are full and correct.

Tarih:

Date:

Başvuranın İmzası:

Signature of Applicant:

2. ÖN DEĞERLENDİRME / Pre-Entry Assessment

Taking into consideration that;

Experience of the applicant,.....

Time has passed from expiry date,.....

Complexity of aircraft,.....

If applicant has an another valid licence,.....

FSTD Assessment,.....

AND THE RESULT OF THIS ASSESSMENT

No Refresher Training Required

Refresher Training Required;

We propose to attendhours/.....sessions Theoretical Knowledge Training,

..... sessions A/C Training,

..... sessions Simulator Training,

**NAME,SURNAME AND SIGNATURE OF THE ASSESSOR
(HEAD OF TRAINING OR EXAMINER)**



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3. EĞİTİMİN İÇERİĞİ / Content Of The Training (if needed)

(a) THEORETICAL KNOWLEDGE DETAILS (if needed):

..... Hours / Session

Theoretical knowledge examination pass mark (%): Date:/...../.....

(b) FLIGHT DETAILS (if applicable):

The training consisted of hours of flight instruction of which hours consisted of synthetic flight instruction in a FNPT I or FNPT II/III or FTD 2/3 or FFS.

(1) FSTD Details (if needed):

FSTD Identification Number

Date Training commenced:

Flight Time :

Date Training completed:.....

(2) Aircraft Details (if needed):

Aircraft Registration:

Date Training commenced:

Flight Time :

Date Training completed:.....

Recommended for Check by:

NAME,SURNAME AND SIGNATURE OF THE INSTRUCTOR

4. ONAYLI EĞİTİM ORGANİZASYONUNUN ONAYI / APPROVAL OF ATO

Eğitim Müdürü olarak tazeleme eğitimin SHT-FCL ve onaylı eğitim el kitaplarına uygun olarak gerçekleştirildiğini, ve başvuranın belirtilen tip/sınıf/aletli uçuş yetkisi yeterlilik kontrolüne girebilmek için gerekli bilgi ve yeteneğe sahip olduğunu onaylarım.

The Head of Training confirms that the refresher training has been performed in compliance with SHT-FCL and the approved training manuals, and that the applicant possesses all relevant knowledge and skills to take the proficiency check on the type/class/instrument rating.

ATO Adı:

ATO Name:

Yetki Numarası:

Approval Number:

Eğitim Müdürünün Adı ve Soyadı:

Head of Training's Name and Surname:

Eğitim Müdürünün İmzası ve Mühür:

Signature and Seal of HT: