

# Course Completion Certificate – Modular Course

This form is intended for use in the provision of evidence in support of an application made to the CAA using the CAA's e-licensing system. Once completed the form should be scanned or photographed and uploaded by the applicant as part of an online application to the CAA.



## FALSE REPRESENTATION STATEMENT

It is an offence under the Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

## 1. APPLICANT DETAILS

CAA Personal reference number (if known): .....

Title: ..... Forename(s): ..... Surname: .....

## 2. CPL MODULAR OR REDUCED MODULAR TRAINING COURSE DETAILS

To be completed by the Approved Training Organisation

Aircraft class/type rating (please specify): .....

I certify that (name) ..... has satisfactorily met the Pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of a Commercial Pilot's Licence. I further certify that I have examined the applicants flying log and that the entries in them comply with the requirements for the grant of a Commercial Pilot's Licence (CPL) in accordance with Part-FCL.

Date CPL course started: ..... Date CPL course completed: .....

### The course consisted of:

..... hours dual flight instruction of which

..... hours dual flight instruction in accordance with Appendix 3, Section E, Paragraph 11.

..... hours dual flight visual instruction (if applicable).

..... hours dual flight instruction at night (if applicable).

..... hours instrument instruction.

..... hours of MEP asymmetric flight instruction (if applicable).

### Simulator Experience (if applicable):

..... hours instrument ground time in a FTD 2/3 or FNPT I          FNPT II/III          Flight Simulator

BIFM credit ..... hours. Please also attach BIFM course completion certificate.

Details of credits towards flying training if applicable.....

FSTD Identification Number of simulator .....

Competent Authority issuing Qualification Certificate for the simulator: .....

Recommended for Skill Test by Name: .....

Licence No: ..... Approved Training Organisation (ATO): .....

ATO Approval No: ..... Competent Authority issuing approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**3. IR COURSE DETAILS**

**To be completed by the Approved Training Organisation**

I certify that (name) ..... has satisfactorily met the Pre-requisite requirements in accordance with Part-FCL prior to commencing a course of training and has satisfactorily completed a course of training for the grant of an instrument rating. I further certify that I have examined the applicants flying log and that the entries in them meet in full the flying experience requirements for the grant of an instrument rating in accordance with Part-FCL.

Date IR course started: ..... Date IR course completed: .....

**The course consisted of:**

..... hours dual instrument flight instruction in a single engine aeroplane/helicopter

..... hours dual instrument flight instruction in a multi engine aeroplane/helicopter

**Simulator Experience (if applicable):**

..... hours instrument ground time in a FTD 2/3 or FNPT I                      FNPT II/III                      Flight Simulator

BIFM credit ..... hours. Please also attach BIFM course completion certificate.

Details of credits towards flying training if applicable.....

FSTD Identification Number of simulator used (which must be approved in accordance with Commission Regulation (EU) 1178/2011 as amended): .....

Competent Authority issuing Qualification Certificate for the simulator: .....

Recommended for Skill Test by Name: ..... Licence No: .....

Approved Training Organisation (ATO): ..... ATO Approval No: .....

Competent Authority issuing approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....