

Hours Confirmation for the issue of an ATPL



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 or when submitting an online application. Once completed the form should be scanned or photographed and uploaded by the applicant as part of an e-licensing/online application to the CAA.

FALSE REPRESENTATION STATEMENT

It is an offence under the UK 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 and on conviction on indictment with an unlimited fine or imprisonment or both.

1. APPLICANT DETAILS

CAA Personal reference number (if known):

Title: Forename: Surname:

2. CONFIRMATION OF PILOTS FLYING HOURS

To be completed by the Approved Training Organisation conducting the Training

A. Applicants flying hours:

..... Pilot-in-command (PIC)

..... Pilot-in-command under supervision (PIC/US)

..... Co-pilot

..... Total experience cross country and overseas flying

..... Total experience night flying)

..... Total experience instrument flying

..... Experience in simulator of which

..... in FFS In FNPT I in FNPT II/III in FTD 2/3 in FSTD

..... Total multi-pilot hours conducted in a Single-pilot Aircraft (if applicable) further documentation will be required

..... Total multi-pilot aircraft experience

..... Total experience

..... Total hours flown as a cruise relief co-pilot, whilst occupying the pilot seat (only these specific hours are to be stated).

B. Declaration (To be completed by a signatory from the applicants operating company or if applying on the basis of military credit, by the applicants Commanding Officer/Flight Commander/Lieutenant/Major/Squadron Leader)

I certify that I have examined the applicants flying log and the stated hours in section 2 are accurate and correct.

Signature (Head of Training): Date:

Operating Company name (if applicable)

AOC number (if applicable):