

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel 3003 Bern

FI (S) Initial Application		Applicant's licence number:						
Applicant	last name:	•	first r	name:		date	of birth:	
place of birth	:	place of origin:				natio	nality:	
post code:		city:		street:				
phone/fax home:				e/fax office:				
			_					
e-mail:			signature of applicant:					
Employed as	·	s for the issue of a FI(_ 🗖 S)	company internal	invoice to :	-	applicant	☐ company
Name of training supervisor:			Licence number:				signature:	
Pilot licence	□ SPL						valid until:	
Teaching and learning course completed (FCL 930.FI (b) (1)).				ose copy of confirmat	ion			
a)	Passed a specific pr	orior start of course			date: _			
b)	Completed an approved FI(S) course at an ATO. (Enclose copy of course confirmation.				firmation).		date: _	
c)	Completed an Asser	ssment of Competence as Fl	(S).				date:_	
h)	Completed at least 100 HR flight time on sailplanes			S			hours:	
	and 200 Launches						launches:	
each page.		hall be attached to this form.	Please	e make sure you note y	our licence n	umbe	r and signatu	re at the bottom of
Data confirn	nea by AIO:							
name:				registration				
name of chief flight instructor:				Licence nu				
signature of o	chief flight instructor:			location ar	nd date:			
FOCA internal us	e only: ith restr. privileges, va	alidity date:					(date:

Remarks:

LAPL/SPL TMG IGL

AC ST

visum: