

Examiner Certificate

Change of the competent authority

Application for the transfer of the examiner certificate according to Commission Regulation (EU) No 1178/2011 Part-FCL FCL.015

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Type of application

I apply for the change of the competent authority of my examiner certificate issued according to Commission Regulation (EU) No 1178/2011, as well as for the transfer of my examiner records to Austro Control GmbH.

Current competent authority:

2 Applicant

APPLICANT'S CERTIFICATE NUMBER:

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Place Postal Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone E-Mail

<input type="text"/>	<input type="text"/>
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Place Date Signature of Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The applicant confirms hereby that all information was complete and true. He acknowledges the fact that false information could have legal consequences. He agrees that his contact address (see point 4) will be published in connection with the tasks as examiner and his e-mail address will be used for sending information by Austro Control GmbH (please strike point 4, if this is not desired).

3 Details of the examiner certificate to be transferred

Aircraft Category:

Aeroplane

Helicopter

Privileges:

Privileges previously or currently being exercised

Expiry Date

Flight Examiner (FE)

<input type="text"/>	<input type="text"/>
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Type Rating Examiner (TRE)

<input type="text"/>	<input type="text"/>
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Class Rating Examiner (CRE)

<input type="text"/>	<input type="text"/>
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Instrument Rating Examiner (IRE)

<input type="text"/>	<input type="text"/>
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Synthetic Flight Examiner (SFE)

<input type="text"/>	<input type="text"/>
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Flight Instructor Examiner (FIE)

<input type="text"/>	<input type="text"/>
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4 Contact address for publication

Company (if applicable)

Street Place Postal Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone

E-Mail

<input type="text"/>	<input type="text"/>
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5 Attachments (Please attach, if not specified differently, copies of the listed documents to the application)

- Current examiner certificate
- Valid issued licence