

# Application for the Revalidation or Renewal of an Instructor Certificate in Accordance with Part-FCL



Please complete this form online (preferred method) then print, sign and submit as instructed.  
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing this form.

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015).

**If your medical records are not held by the UK CAA, your application will be rejected.**

## FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 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

(The Applicant is responsible for payment of CAA charges)  
To be completed by the Applicant

CAA Personal reference number (if known):

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

Date of birth (dd/mm/yyyy): ..... Nationality: .....

Town of birth: ..... Country of birth: .....

Permanent Address: .....

.....

..... Postcode: .....

Telephone: ..... Alternative telephone Number: .....

E-mail: ..... Fax Number: .....

## 2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address: .....

.....

..... Postcode: .....

## 3. MEDICAL FITNESS

To be completed by the Applicant

Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: ..... on: .....

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

4. PARTICULARS OF UK OR THIRD COUNTRY ICAO LICENCES HELD			To be completed by the Applicant
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date

5. RATINGS HELD							To be completed by the Applicant
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for <b>each</b> type and/or class rating to be endorsed on your Part-FCL Licence.							
Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only	

6. INSTRUCTOR CERTIFICATES HELD					To be completed by the Applicant
Please give the date of the most recent Revalidation or renewal of Instructor Ratings held and please indicate the instructor privileges previously or currently being exercised.					
Instructor Rating held	Date of Revalidation	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only	

PPL ☐    CPL ☐    IMC ☐    IR ☐    MPL ☐    FIC ☐    Night ☐

Aerobatic ☐    Towing: Glider ☐    Banner ☐    SP HPC (A) ☐

Aircraft only ☐    Simulator only ☐    Aircraft and Simulator ☐

<b>7. APPLICATION (tick as appropriate)</b>	<b>To be completed by the Applicant</b>
<p>I am applying to revalidate my Flight Instructor Certificate in accordance with Part-FCL:</p> <p>FI(A) <input type="checkbox"/>      FI(H) <input type="checkbox"/>      FI(As) <input type="checkbox"/>      FI(B) <input type="checkbox"/>      FI(S) <input type="checkbox"/></p> <p>I am applying to renew my Flight Instructor Certificate in accordance with Part-FCL:</p> <p>FI(A) <input type="checkbox"/>      FI(H) <input type="checkbox"/>      FI(As) <input type="checkbox"/>      FI(B) <input type="checkbox"/>      FI(S) <input type="checkbox"/></p>	
<p>I am applying to revalidate the following Type Rating Instructor Certificate in accordance with Part-FCL:</p> <p>(Please specify types) .....</p> <p>I am applying to renew the following Type Rating Instructor Certificate in accordance with Part-FCL:</p> <p>(Please specify types) .....</p>	
<p>I am applying to revalidate the following Class Rating Instructor Certificate in accordance with Part-FCL:</p> <p>(Please specify types) .....</p> <p>I am applying to renew the following Class Rating Instructor Certificate in accordance with Part-FCL:</p> <p>(Please specify types) .....</p>	
<p>I am applying to revalidate the following Instructor Certificate in accordance with Part-FCL:</p> <p>IRI <input type="checkbox"/>      SFI <input type="checkbox"/>      MCCI <input type="checkbox"/>      STI <input type="checkbox"/></p> <p>I am applying to renew the following Instructor Certificate in accordance with Part-FCL:</p> <p>IRI <input type="checkbox"/>      SFI <input type="checkbox"/>      MCCI <input type="checkbox"/>      STI <input type="checkbox"/></p> <p>I require the CAA to reissue my licence with the revalidated Instructor Certificate <input type="checkbox"/></p> <p>Please note if the CAA are to reissue your licence and revalidate or renew your Instructor Certificate, there is a fee in accordance with the Scheme of Charges and you will need to complete Section 19 of this form.</p>	

8. FLYING EXPERIENCE	To be completed by the Applicant				
	FI/CRI/IRI	TRI	SFI/STI	MCCI	FTI
Total flight instruction or launches within period of validity (FCL.940.FI), (FCL.940.TRI), (FCL.940.SFI)					
Instrument flight instruction within period of validity (FCL.940.FI), (FCL.940.IRI)					
Flight instruction in 12 months preceding expiry of Certificate (FCL.940.FI), (FCL.940.TRI), (FCL.940.CRI), (FCL.940.SFI), (FCL.940.MCCI), (FCL.940.FTI)					
Total flight tests within period of validity (FCL.940.FTI)					

<b>9. INSTRUCTORS REFRESHER SEMINAR</b>	<b>To be completed by the Seminar Provider</b>
<p>I certify that (name) ..... has satisfactorily attended an Instructor Refresher Seminar for the revalidation <input type="checkbox"/> or renewal <input type="checkbox"/> of an Instructor Certificate in accordance with Part-FCL.</p> <p>Date(s) of Seminar: .....</p> <p>Approved Training Organisation (ATO: ..... ATO Approval No.: .....</p>	

**9. INSTRUCTORS REFRESHER SEMINAR****To be completed by the Seminar Provider**

Competent Authority issuing Approval: .....

Name of Head of Training: .....

Signature of Head of Training: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1****10. COURSE COMPLETION CERTIFICATE****To be completed by Approved Training Organisation**

I certify that (name) ..... has satisfactorily completed an  
refresher training for the revalidation ☐ or renewal ☐ of an Instructor Certificate in accordance with Part-FCL.

Date course commenced: ..... and date course finished: .....

The course consisted of.....hours of flight instruction of which..... hours Synthetic Flight Instruction  
in a FNPT I, II/III, FTD 2/3 or FSS.

FSTD Identification Number of device used (which must be issued in accordance

with Commission Regulation (EU) 1178/2011) .....

Competent Authority issuing Qualification certificate for the device: .....

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

Competent Authority issuing Approval: .....

Name of Head of Training (or authorised signatory): .....

Signature of Head of Training: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1****11. CONFIRMATION OF ASSESSMENT OF COMPETENCE****To be completed by the Applicant**

I have successfully completed an Assessment of Competence for the issue of an Instructor Certificate.

Assessment of Competence Date(s): .....

Aircraft Type and Registration: ..... or

FSTD Identification Number: .....

Examiner's Name: ..... Examiner's Number: .....

Note: - Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is  
received.

**12. REVALIDATION****To be completed by the Examiner**

I can confirm that the applicant has met the requirements of Part-FCL for the revalidation of the following Instructor  
Certificate: .....

The Certificate of Revalidation has been signed and the rating is valid until..... (date) or

Examiner's Name: ..... Examiner's Number: .....

Competent Authority issuing Examiners Certificate: .....

Signed by Examiner: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**13. DECLARATION OF APPLICANT (tick as appropriate)****To be completed by the Applicant**

I declare that the information provided on this form is correct.

I agree to receive:

Flight Crew Safety material from the CAA only ☐ or Safety Material from authorised sources ☐

I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1****14. CAA USE ONLY**

Date of Issue .....

Enclosures

Checked by .....

Loaded by .....

Despatch/collection details

Signed by .....

**15. COURIER CHARGES**

**Note to all applicants:** All original documents submitted by the customer and CAA issued documents, will be returned by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "[Courier Charge](#)". The courier charge will be added to the relevant charge as per the Personnel Licensing [Scheme of Charges](#) and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of despatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by the use of normal postal services.

**If you wish to opt out of document return by secure courier, please tick box.** ☐

**Please note:** The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

**16. CHARGES**

The charge(s) required as calculated in accordance with the CAA Personnel Licensing Scheme of Charges (published in CAA Official Record Series 5) ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)) to be paid on application are enclosed herewith.

NB: This application will not be processed until the applicable charges have been received.

Total charges included are: £.....

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

**IMPORTANT NOTES:**

- **Additional Charges:** Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.
- **Overseas Visits:** If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.
- **Withdrawal/Cancellation of Application:** In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at [www.caa.co.uk/refunds](http://www.caa.co.uk/refunds) for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation.

**17. FINANCIAL DECLARATION**

I declare that to the best of my knowledge the particulars entered in Section 19d of this application are accurate.

I enclose payment for the charges payable on application in accordance with the Scheme of Charges

([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant: .....

Signature of Applicant: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1****18. SUBMISSION INSTRUCTIONS (See Guidance Notes)**

Please send your completed application and supporting documentation (see Guidance Notes) to the following address:

Licensing and Training Standards, Licensing Department  
Aviation House  
Gatwick Airport South  
West Sussex  
RH6 0YR

**CAA USE ONLY**

**Applicant's name** ..... **Date of application** .....

Department: ..... Contact Name: .....

Job No: ..... Folio No: ..... CAA Account Number: .....

Nominal Code: ..... Cost Centre: ..... Date received: .....

If payment is received by cheque, attach a copy to this application form.

The sum of £ ..... has been received by: ..... Date: .....

Amount paid by:      Cheque                      Cash                      Card                      Electronic Transfer\*  
£ .....      £ .....      £ .....      £ .....

\* Receipt of Electronic Transfer to be verified by Treasury.

Cheque drawn against account of: .....

Bank Account No: ..... Sort Code: .....

Is this part of a Company payment?    Yes ☐    No ☐    If Yes - Total amount paid: £ .....

Amount to be deducted from NATS account: £ .....

Enclosures: ..... FedEx paid Yes/No    Loaded by: ..... Signed/Despatched: .....

**Legal Entity Details**

**Company** – Date of incorporation of Company: .....

If declaration is signed on behalf of a Company:

is declaration signed by a Director or Company Secretary? .....

if not, then does signatory have authority to sign? .....

**Individual** – Identification Document Details e.g. Passport/Driving Licence.

Type of identification: .....

Signature on ID checked against Form Signature: ☐ .      Appropriately certified: ☐

**19. PAYMENT DETAILS****a) Payment type** (please tick your chosen method of payment).

Visa	Mastercard	Debit Card	Cheque/Banker's Draft	Electronic Transfer	Cash (max. £200)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We do not accept American Express, Diners Club or JCB cards. Please do not send cash by post.

**b) Bank Details (for payment by Cheque/Banker's Draft)**

Cheques or Postal Orders should be made payable to '**Civil Aviation Authority**'.

Please write the CAA Application Form No. on the reverse of your cheque.

Please note that any refund applicable will be paid directly to the bank account stated below by BACS transfer.

Name in which Bank Account held: .....

Account Number: ..... Sort Code: .....

If overseas: IBAN Number: ..... Swift Code: .....

**c) CAA Bank Account Details (if paying by Electronic Transfer)**

National Westminster Bank plc  
Bloomsbury Parr's Branch  
PO Box 158  
214 High Holborn  
London  
WC1V 7BX

Account Name: Civil Aviation Authority  
Account Number: 36029769  
Sort Code: 60-30-06  
Swift Code: NWBK GB 2L  
IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:

Amount: £..... BACS/CHAPS Reference\*: .....

\* When making an electronic transfer please instruct your bankers to quote the CAA Application Form number followed by the application date in the description field (i.e. SRG 1135ddmmyyyy).

Payer: ..... Date of Transfer: .....

**d) Card Details (for payment by Credit/Debit Card)**

Card number:

Expiry date:   /   Security Code (last 3 digits on signature strip on reverse of card)

Debit cards only:

Start date:   /

Issue No:  (if applicable)

Amount: £.....

Name (as written on card): .....  
(BLOCK CAPS)

Full postal address of card holder: .....

..... Postcode: .....

Card holder's signature: .....

Please tick box if paying with Company Card ☐ Company Name: .....

**This information is provided at the applicant's risk and will be used by the CAA for this payment only and will not be used for any other purpose.**

# Application for the Revalidation or Renewal of an Instructor Certificate in Accordance with Part-FCL – GUIDANCE NOTES

## GUIDANCE NOTE 1 and Submission Instructions

Having a clear application form and pilots' log (where appropriate) will enable L&TS to issue licences and ratings more efficiently, with less risk of errors or rejections with subsequent delays to your application.

Please note that failure to submit a correctly completed application form with the required supporting documents will lead to the formal rejection of your application. In this instance we will issue you with a 30 day notice to meet the outstanding requirements and failure to meet this deadline will result in your application being cancelled and a fee for assessment and refund will be deducted as per our scheme of charges and our CAA refund policy.

Please send your completed application and supporting documentation (see Guidance Notes) to the following address:

Licensing & Training Standards - Licensing Department  
Civil Aviation Authority  
Aviation House,  
Gatwick Airport South  
West Sussex, RH6 0YR  
United Kingdom

## GUIDANCE NOTE 2: Important Information

Please note the following important information for all applications.

Application for the issue of an Instructor Certificate to a JAR-FCL licence will be issued in accordance with Part-FCL after the 17th September 2012. For National Licences (except NPPL) aircraft types specified as EASA aircraft can only be endorsed onto a Part FCL Licence after 17th September 2012.

European Commission Regulation (EU) No. 1178/2011 requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015). If your medical records are not held by the UK CAA, your application will be rejected.

In order to exercise the privileges of a Pilot licence where the operations of the aircraft require the use of radio communications equipment, the individual must hold a valid Flight Radiotelephony Operator's Licence. Such a licence will only be granted if the applicant holds a valid Language Proficiency Certificate in English in accordance with Appendix 2 of Part-FCL.055 prior to licence application. Should you not hold a valid Language Proficiency in English; your application will be returned.

It is an offence under Article 231 of the Air Navigation Order 2009 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.

## GUIDANCE NOTE 3: Certifiers of Documentation

The following people can act as 'certifiers':

- Head of Approved Training Organisation (or authorised signatory).

### Instructions for the certifier of your documentation are as follows:

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier's name must be printed in block capitals.
4. Must include position or capacity, e.g. Head of Approved Training Organisation.



GUIDANCE NOTE 4: Supporting documentation required with the application					
Application	Original flying logbook(s) (If applicable)	Assessment of Competence Examiners Report (Competent Authorities Copy)	Certified copy of the applicants Certificate of Revalidation page from licence. (See Guidance Note 3)	Copy of Part-FCL Examiner's Approval certificate and licence (if Examiner is not approved by the UK CAA). (See Guidance Note 3)	Copy of Part-ORA Approved Training Organisations (ATO) Approval certificate (If ATO is not approved by the UK CAA). (See Guidance Note 3)
Instructor Certificate Revalidation	N/A	✓ (See Note 1)	✓	✓ (See Note 1)	✓ (See Note 2)
Instructor Certificate Renewal	✓	✓	✓	✓	✓

Note 1: If revalidation is completed by Assessment of Competence.

Note 2: If revalidation is completed by Seminar.