**FALSE REPRESENTATION STATEMENT**

It is an offence under Albanian Law, with intent to deceive, any false representation for the purpose of procuring the grant, issue, revalidation, 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.

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| **1 COURSE/TRAINING COMPLETION CERTIFICATE To be completed by the Training Organisation If a separate course completion certificate has not been provided** | | | | | | | | | | |
| I certify that (name) CAA Personal reference number (if known): | | | |  |  |  |  |  |  |  |
| Date of Birth has satisfactorily completed a course of training in accordance with Part-FCL for the following:  Type/Class Rating **and/or** Instrument Rating | | | | | | | | | | |
| Date Training commenced: |  | Date Training completed: |  | | | | | | | |
| Aircraft Type/Class name (including variants) |  | | | | | | | | | |

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| **Training completed (select one):** | Initial Type/Class Rating Training | | Refresher Training | | No Refresher Training required | | Extend privileges of the class/type rating and/or | |  |
|  |  |  |  |  |  | instrument rating |  |  |
| The course consisted of ………………… hours of flight instruction of which hours consisted of synthetic flight instruction in a FNPT I or FNPT  II/III or FTD 2/3 or FFS. FSTD Identification Number of device used (which must be issued in accordance with (EU) Regulation no. 1178/2011, transposed in Albania by minister Order No 178/2023) (Please annotate STD/FTD/FFS Identification number if available).  Competent Authority issuing qualification certificate for the device.: ……………………………………………………  Please specify a specific instrument rating training hour separately from the type/class rating training hours  (For MEP only) hours of dual flight instruction in engine failure procedures and asymmetric flight techniques.  **Flight Details** (if applicable\*):  Aircraft Registration: …………………………………………………………….. Number of take-offs and landings:………………………………………………………………………  Base training Instructor name: ……………………………………………………………………………………… Licence number: ……………………………………………………………  Authorizing Competent Authority: …………………………………………………………………..  **Theoretical Knowledge Training** (if applicable\*):  Theoretical knowledge examination pass mark (%): ………… Date:………………………………………….  The applicant has completed a reduced course of training. Please state the basis for this and provide a detailed explanation (if applicable):  **Recommended for Skill Test or Proficiency Check by:**  Name:…………………………………………………………………………….. Position:……….. ...................................................... Licence No:.…………………………………………….  **Approved Training Organisation Details:**  Approved Training Organisation (ATO)/Declared Training Organisation (DTO) …………………………………………………………………………………………………………………  ATO/DTO number:……………………………………………………………ATO/DTO issuing Authority:…………………………………………………………………………………………………….  Name of Head of Training (or authorized signatory\*\*):…………………………………………………………………………. Position:…………………………………………………..……….  Signature of Head of Training or authorized signatory: ................................................................................................... Date:…………………………………………. | | | | | | | | |

\*If the base training is conducted with a different ATO, AOC or instructor, please provide the relevant evidences.

\*\*An authorized signatory acts as a representative of the Head of Training, authorized by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Training Organisation. The Training Organisation must maintain a record of those authorized.

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| **2. TRAINING CONTENT – UPRT (if applicable) To be completed by the Training Organisation** | | | |
| Advanced Upset Prevention and Recovery Training (UPRT) for the issue of a (select one):   |  | | --- | |  | |  | |  |   First Class or Type rating on a SP aeroplane used in MP operations  First Type rating for a SP High-Performance complex aeroplane (SP or MP operations)  First MP aeroplane type rating | | | |
| Date UPRT training commenced: |  | Date UPRT training completed: |  |
| I certify that (name) has satisfactorily completed Upset Prevention and Recovery Training (UPRT).  I further certify that I have examined applicants flying log and application form and confirm that they meet in full the pre-requisite requirements for the UPRT in accordance with Part-FCL.  Approved Training Organisation (ATO)/Declared Training Organisation (DTO) …………………………………………………………………………………  ATO/DTO number:………………………………………………………… ATO/DTO issuing Authority: …………………………………………………………  Name of Head of Training (or authorized signatory\*\*):……………………………………………………Position:………………………………………………  Signature of Head of Training or authorized signatory:………………………………………………………………Date: ……………………………………..  \*\*An authorized signatory acts as a representative of the Head of Training, authorized by the Head of Training or through approved procedures to confirm that the stated training has been conducted by the Training Organisation. The Training Organisation must maintain a record of those authorized. | | | |
| **PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1** | | | |

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| **3. NOTIFICATION OF REVALIDATION (if applicable) To be completed by the Applicant** |
| I am notifying the CAA of the Revalidation by Experience of: SEP (land)  SEP (sea)  TMG  I declare that the information provided on this form is correct and I have fully reviewed all guidance notes.  Applicants name: ……………………………………………………………… Signature: ……………………………………………………………………… Date:…………………………………………. |
| **3.1 NOTIFICATION OF REVALIDATION – CONFIRMATION OF FLIGHT EXPERIENCE To be completed by the Instructor/Examiner** |
| I certify that I have examined the applicant’s logbook(s) and the entries in them meet in full the requirements to revalidation by experience. Total Flight Time in 12 months preceding the expiry date of the rating Hours.  Total Flight Time as PIC in 12 months preceding the expiry date of the rating Hours.  Date(s) of Training Flight with Instructor: ……………………………………………………………………………………….  I have endorsed the rating on the Certificate of Revalidation and the new expiry date is:…………………………………………………………………  Competent Authority issuing FCL.945 Instructor/ Examiner’s Certificate: ……..……………………………………………………………………  FCL.945 Instructor/ Examiner’s Name: ………………………………………………………………………………………………………………  FCL.945 Instructor/ Examiner’s Number: ………………………………………………………………………….................  FCL.945 Instructor/ Examiner’s Signature: …………………………………………………………………………………………  Date:………………..………………………………… |
| **PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1** |