

Form. No. RPPL-F-910FIc

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Issue Date: 19/02/2024

PART-FCL

RECORD OF SUPERVISED SOLO FLIGHTS OR AIR EXERCISES FOR REMOVAL OF SUPERVISORY RESTRICTION FROM AN INSTRUCTOR CERTIFICATE IN ACCORDANCE WITH PART-FCL

Please complete this form in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

1.	1. RECORD OF SUPERVISED SOLO FLIGHTS/AIR EXERCISES TO REMOVE SUPERVISORY RESTRICTION FCL.910.FI To be completed by applicant										
	Date of flight	Students name	Students licence or reference number	Exercise Number of Air Exercise	Name of Supervising Flight Instructor	Signature of Supervising Flight Instructor	Licence Number of supervising Flight Instructor	Name of ATO Flight training conducted with and approving competent Authority			
1											
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Form. No. RPPL-F-910Flc

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PART-FCL

RECORD OF SUPERVISED SOLO FLIGHTS OR AIR EXERCISES FOR REMOVAL OF SUPERVISORY RESTRICTION FROM AN INSTRUCTOR CERTIFICATE IN ACCORDANCE WITH PART-FCL

1.	RECORD	OF SUPERVISED SC	DLO FLIGHTS/AIR EXE	RCISES TO REM	MOVE SUPERVISORY	RESTRICTION FCL.	910.FI To be complete	eted by applicant			
	Date of flight	Students name	Students licence or reference number	Exercise Number of Air Exercise	Name of Supervising Flight Instructor	Signature of Supervising Flight Instructor	Licence Number of supervising Flight Instructor	Name of ATO Flight training conducted with and approving competent Authority			
17											
18											
19											
20											
21											
22											
23											
24											
25											
2. TOTAL HOURS INSTRUCTION GIVEN Tobe completed by the Applicant											
I have conducted hours of flight instruction and meet the requirements of FCL.910.FI(c) for the removal of the supervisory restriction											
3. FLIGHT INSTRUCTION EXPERIENCE CONFIRMATION To be completed by the Applicant											
I certify that the details listed above are correct and meet the requirements of FCL.910.FI(c) for the removal of the supervisory restriction:											
r certify that the details listed above are correct and meet the requirements of FCL.9 to.FI(c) for the removal of the supervisory restriction.											
Name of Applicant:											
Signature of Applicant: Date:											
PL	PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1										