

CROSS CREDITING OF INSTRUMENT RATING PRIVILEGES

THIS FORM MAY ONLY BE COMPLETED BY AN EASA EXAMINER

A: Details of the Licence holder:

Date of Birth	Surname:		
Name(s):		Licence no.:	
Address:			

ON BEHALF OF THE FOLLOWING PRIVILEGE STATED IN THE APPLICANTS LICENCE

Rating		Date of check		Valid until	
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I HAVE ENTERED THE FOLLOWING IN THE APPLICANTS LICENCE

<input type="checkbox"/>	Rating	IR(A)/SEP	Date of check		Valid until	
<input type="checkbox"/>	Rating	IR(A)/MEP	Date of check		Valid until	
<input type="checkbox"/>	Rating	IR(A)/SET	Date of check		Valid until	

IF INSTRUMENT PRIVILEGES IR IS TO BE ATTACHED TO A TYPE eg IR/PC12 or IR/Bell206.

<input type="checkbox"/>	Rating	IR/	Date of check		Valid until	
<input type="checkbox"/>	Rating	IR/	Date of check		Valid until	
<input type="checkbox"/>	Rating	IR/	Date of check		Valid until	

Details of Examiner

Name of examiner		Examiner number:
Date of signature:		Signature of Examiner:

Attached copy of the endorsed licence must be attached.

FOR DETAILS SEE Regulation (EU) No 1178/2011 APPENDIX 8 AND AIC B 23/21

Form must be returned to info@tbst.dk