

Report

Instructor assessment of competence for FI/CRI/IRI/STI/RFI

This form shall be used by a qualified examiner to report the result of an instructor assessment of competence (AoC).

Designation of an examiner for the assessment of competence for the first issue of a flight- instructor (FI) certificate may only be arranged by the CAA-NL. All others may be arranged by either the CAA-NL or an Approved Training Organisation.

Incomplete or incorrectly filled out forms (including absence of additional documents) will not be processed.

Send a copy of the completed form to: Kiwa Register, Postbus 4, 2280 AA Rijswijk, The Netherlands or to e-mailaddress: nl.luchtvaart@kiwa.nl

Additional information 088 489 00 00 | www.ilent.nl

	1	Details applicant
1.1	Name	
1.2	Licence number (if available)	
1.3	Date of birth	
1.4	Address	
1.5	Postcode and place of residence	
1.6	Holder of / applicant for	☐ FI ☐ FI LAPL-only ☐ CRI ☐ IRI ☐ STI ☐ RFI ☐ Extension FI/CRI:
1.7	Category	
2.1	2 Assessment of competence	Details assessment of competence □ Inital issue □ Revalidation □ Renewal
	·	
	3	Evaluation of applicant (See Flight Test Schedule FI/CRI/IRI/RFI)
3.1	Result per section (+ = passed, -= failed)	\square_1 \square_2 \square_3 \square_4 \square_5 \square_6
3.2	Result of assessment of competence	☐ Pass ☐ Partial pass ☐ Fail
3.3	Reason of fail	

3.4 Remarks



Instructor assessment of competence for FI/CRI/IRI/STI/RFI Human Environment and Transport Inspectorate Ministry of Infrastructure and Water Management

	4	Revalidated / renewed certificate(s)	B 111 - 14 - 1 - 11
			Revalidated / renewed until
4.1	Certificate(s)		
1.2	Other certificate(s) revalidated		Revalidated until
4	(based on cross-crediting)		1
			1
	5	Details of the flight(s)/simulator session(s)	
5.1	Date and location flight/ simulator session		
5.2	Block time	Start time: Finish time:	
5.3	Aircraft registration or FSTD nr.		
	6	Signing applicant	
		Undersigned applicant is aware of the consequences of providing incomplete, inaccura to the issue, revalidation or renewal of this licence or rating or certificate as specified in ARA.GEN.355 or applicable national legislation.	
		> I declare that all information on this form is completely and truthfully.	
6.1	Name applicant		
	Name applicant Date and place		
6.2	Date and place		
6.2			
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6.2	Date and place		or renewal of this licence or
6.2	Date and place	Signing examiner > Undersigned examiner certifies that all requirements regarding the issue, revalidation rating or certificate have been fulfilled in accordance with Part-FCL, Part BFCL, Part	or renewal of this licence or -SFCL or applicable national e relevant national procedures
6.2	Date and place	 Signing examiner Undersigned examiner certifies that all requirements regarding the issue, revalidation rating or certificate have been fulfilled in accordance with Part-FCL, Part BFCL, Part legislation. Undersigned non-Dutch examiner(s) declares that he/she has reviewed and applied the and requirements of the CAA-Netherlands (ILT) contained in the below specified version. 	or renewal of this licence or -SFCL or applicable national e relevant national procedures
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