



APPLICATION FOR APPROVAL OF A HELICOPTER FOR JAR FCL TRAINING

GENERAL DETAILS

Helicopter type:
 Registration: Registered Owner:
 Name of Organisation/Operator:
 PPL RF/ FTO/ TRTO Approval Number:

List of training courses for which helicopter shall be used:

CERTIFICATE BY HEAD OF TRAINING (tick appropriate box (es))

I certify that the above helicopter complies with current Commission Regulation (EC) No 2042/2003 of 20 November 2003 (as amended) on the continuing airworthiness of aircraft and aeronautical products, parts and appliances, and on the approval of organisations and personnel involved in these tasks in respect to airworthiness and equipment and additionally meets the following equipment criteria:

- PPL flight instruction only
Duplicated primary flying controls for use by the instructor and student.
- All courses
Duplicated primary flying controls for use by the instructor and student.
Suitably equipped to allow flight by sole reference to instruments.
Suitably equipped and certified to demonstrate auto-rotation.
- Type Rating
Suitably equipped, certified and insured to conduct simulated engine-off landings.
- Integrated or Modular CPL (H)
Suitably equipped, certified and insured to conduct simulated engine-off landings.
Suitably equipped to conduct radio navigation.
Suitably equipped and certified to conduct night flying (delete if not required).
- Modular IR (H)
Suitably equipped and certified to practice flight in accordance with IFR in controlled airspace (MEH only).
- Flight Instructor (H)
Suitably equipped, certified and insured to conduct simulated engine-off landings.
Suitably equipped conduct night flying (delete if not required).
- Integrated CPL/IR (H) or ATPL (H)
All of the above criteria.

Copies of the following documentation relating to the above aeroplane are to be retained in the Organisation records:

- a) Insurance Certificate;
- b) Certificate of Airworthiness;
- c) Certificate of Registration;
- d) Radio Licence;
- e) Servicing Schedule;
- f) Technical Log pages/Flight authorization relating to the course of training.

Name and Surname (Accountable Manager/Head of training):

Date: Signature:

APPENDICES:

- Copy of Certificate of Airworthiness
- Copy of Airworthiness Review Certificate
- Copy of Certificate of Registration
- Copy of Insurance Certificate
- Copy of Radio Licence
- Description of aircraft in Operations Manual (only for FTO/TRTO)
- Copy of Part M – Subpart G approval (CAMO) or copy of contract with Part M – Subpart G (CAMO) approved organisation (as applicable)
- Copy of Part 145 approval / contract with Part 145 approved org. OR Subpart F approval / contract with Subpart F organisation (as applicable)
- Copy of AOC (as applicable)
- Copy of leasing/aircraft management agreement (only in case of approval of leased aircraft)