

NIGHT QUALIFICATION (AEROPLANE OR HELICOPTER) – APPLICATION

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance.

| 1. PERSONAL DETAILS | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Personal reference number (if known) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | |
| Surname | Forename(s) | | | | | | | | |
| Title | Date of birth (dd/mm/yyyy) | | | | | | | | |
| Nationality | Town and Country of birth | | | | | | | | |
| Permanent address | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Telephone Number | Postcode | | | | | | | | |
| E mail address | Alternative Telephone | | | | | | | | |
| Fax Number | | | | | | | | | |
| Address for correspondence (if different from above) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Postcode | | | | | | | | | |

| 2. PARTICULARS OF ANY NON-UK (ICAO) LICENCES HELD | | | |
|---|-----------------------|-------------|-------------|
| Issuing Authority | Type/Class of Licence | Licence No. | Expiry Date |
| | | | |
| | | | |

| 3. PILOTS SERVING IN HER MAJESTY'S FORCES | | |
|---|------------|------------|
| <p>Sections 5, 6 and 7 of this form need not be completed if this certificate is signed by the Officer Commanding the applicant's Unit.</p> <p>I certify that according to the applicant's logbook, he/she meets the training and experience requirements for the grant of a Night Qualification *(Aeroplane)/(Helicopter). (See sections 5, 6 and 7 for details of the respective requirements.)</p> <p>(*delete as appropriate)</p> | | |
| Signature | Date | Unit Stamp |
| Name (block capitals) | | |
| Rank | | |

| 4. CAA USE ONLY | | |
|--------------------------------------|---|-----------------------------|
| Date | | Enclosures |
| Receipt No. | | |
| Cheque/PO/Cash Access/Visa/Switch | £ | |
| Date of Issue | | Despatch/Collection details |
| Issued by | | |
| Signed by | | |

5. NIGHT QUALIFICATION (AEROPLANE) COURSE CERTIFICATE

This certificate must be signed by the Head of Training or the Flight Instructor who conducted the training.

I certify that has satisfactorily completed a course of training for the Night Qualification (Aeroplane) in accordance with JAR-FCL 1. The training consisted of:

- (a) hours minutes flight time in aeroplanes at night (minimum 5 hours) including;
- (i) hours minutes of dual instruction (minimum 3 hours), including hours minutes cross-country navigation (minimum 1 hour).
- (ii) solo take-offs (minimum 5) Solo full-stop landings (minimum 5).

Date course started Date course finished

Signature Date

Name (block capitals) Licence No.

*Head of Training/FI at *RF/FTO

*delete as appropriate

6. NIGHT QUALIFICATION (HELICOPTER) COURSE CERTIFICATE

This certificate must be signed by the Head of Training or the Flight Instructor who conducted the training.

I certify that has satisfactorily completed a course of training for the Night Qualification (Helicopter) in accordance with JAR-FCL 2 and is competent to fly a helicopter by sole reference to instruments. The training consisted of:

- (a) hours of theoretical knowledge instruction (minimum 5 hours);
- (b) hours minutes instruction in helicopters (minimum 15 hours) including;
- (i) hours minutes of dual instruction in instrument flying (minimum 10 hours);
- (ii) hours minutes flight time in helicopters at night (minimum 5 hours), including
- hours minutes of dual instruction (minimum 3 hours) and solo circuits each to include a solo full-stop landing (minimum 5)

The course shall be completed within 6 months.

Date course started Date course finished

Signature Date

Name (block capitals) Licence No./Examiner No.

*Head of Training/FI at *RF/FTO

*delete as appropriate

7. FLYING EXPERIENCE

To be completed by applicants for a Night Qualification (Helicopter) only

| | Hours claimed | Qualifying Minima (hours) | CAA USE ONLY |
|---|---------------|---------------------------|--------------|
| (i) Total Experience as Pilot of Helicopters (post PPL(H) licence issue) | | 100 | |
| (ii) Experience as Pilot-in-Command of Helicopters (post PPL(H) licence issue) | | 60 | |
| (iii) Cross-country flight time as Pilot of Helicopters (post PPL(H) licence issue) | | 20 | |

8. PAYMENT METHODS

All fees must be paid in advance, failure to do so will delay your application.

The fees for licences, associated ratings and assessments are contained in the latest Scheme of Charges. This is available on our website - www.caa.co.uk - under Personnel Licensing.

I am paying by (Please tick appropriate box).

MASTERCARD ☐ SWITCH ☐ VISA ☐ CHEQUE ☐ OTHER ☐

Cheques MUST be made payable to CIVIL AVIATION AUTHORITY

If paying by credit or debit card please complete the following. (block capitals)

Card holder's name (in full)

Amount £

Card Number and Security Code

Expiry date / Card issue number (switch only)

Address of Card Holder if different from Applicant

9. DECLARATION

I declare that the information provided on this form is correct.

I agree to receive Flight Crew Safety material from the CAA only*/Safety material from authorised sources*. I do not wish to receive Safety material*.

*delete as appropriate

Signature Date

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

10. SUBMISSION INSTRUCTIONS (see Guidance Notes)

Send your completed application form to:

Civil Aviation Authority, Personnel Licensing Department, Aviation House, Gatwick Airport South, West Sussex RH6 0YR.

together with:

- (i) actual flying logbook(s)
- (ii) all non-JAA licences (if applicable)

NIGHT QUALIFICATION (AEROPLANE OR HELICOPTER) – APPLICATION GUIDANCE

General Guidance

- 1) The requirements for a Night Qualification (Aeroplane) are detailed in JAR–FCL 1.
- 2) The requirements for a Night Qualification (Helicopter) are detailed in JAR–FCL 2.
- 3) Sections 1, 2, 7 and 9 (if applicable) must be completed by all applicants personally. Sections 3, 5 and 6 should be completed by the Commanding Officer, Head of Training or FI where appropriate.
- 4) Applicants holding a non-UK Night Rating/Qualification should additionally complete section 6 or 7 and 8, entering experience as appropriate.

Section 10 Submission Instructions

Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application. The following notes provide additional guidance for submission of documentation as listed in section 10.

- (i) All flying logbooks
 - The logbooks must be certified as correct at the last appropriate entry by the Chief Flying Instructor or Head of Training of the Registered Facility/FTO responsible for the course of training.
- (ii) All non-JAA Licences
 - Photocopies are not acceptable.
 - Temporary Airman Certificates are not acceptable.
 - Include all non-JAA Medical Certificates where issued as separate documents.