



**Revalidation class rating  
SEP SEA**

Application & report form

Applicant's licence no.

**Applicant** : Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Address**: Street/box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

- a) CR SEP SEA valid until: \_\_\_\_\_
- b) EASA medical class  1 or  2 valid until: \_\_\_\_\_
- c) flight time within 12 months (on SEP) preceding the expiry date of the rating (MNM 12 HR) \_\_\_\_\_ hours
- d) PIC flight time within 12 months preceding the expiry date of the rating (on SEP) (MNM 6 HR) \_\_\_\_\_ hours **of which**  
(MNM 1 HR) \_\_\_\_\_ hour(s) on SEP sea  
\_\_\_\_\_ hours on SEP land (if a valid SEP land is held)
- e) take-offs and landings within 12 months preceding the expiry date of the rating (on SEP) (MNM 12 each) \_\_\_\_\_ take-offs \_\_\_\_\_ landings **of which**  
(MNM 6) \_\_\_\_\_ take-offs \_\_\_\_\_ landings on water  
\_\_\_\_\_ take-offs \_\_\_\_\_ landings on SEP land  
(if a valid SEP land is held)
- f) refresher training of at least 1 hour of total flight time with a flight instructor (FI) or a class rating instructor (CRI) (on CR SEP sea or land) within 12 months preceding the expiry date of the rating (MNM 1 HR) \_\_\_\_\_ hour(s)  
date: \_\_\_\_\_ place: \_\_\_\_\_

**Instructor**: Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Licence no: \_\_\_\_\_ Signature of instructor: \_\_\_\_\_

**Foreign EASA FI(A)/CRI(A) must enclose a photocopy of the corresponding licence with valid entry FI(A)/CRI(A).**

or any other EASA Part-FCL proficiency check / skill test for a class / type rating or an assessment of competence in any other class or type of aeroplane. Enclose a copy of the appropriate form (first page only).  
date: \_\_\_\_\_ place: \_\_\_\_\_

**Data confirmed by a Swiss airport authority (authorised duty manager of a Swiss airport authority) or a FOCA authorised examiner:**

Airport: \_\_\_\_\_

Name of airport manager/examiner: \_\_\_\_\_ Authorisation/Licence no: \_\_\_\_\_

Location & date: \_\_\_\_\_ Signature of airport manager/examiner: \_\_\_\_\_

**To be completed by applicant:**

I declare that

- I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
- I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State.
- I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State.
- the information provided is correct. I am aware of the consequences of providing false information, such as being denied a licence, certificate, rating, authorisation or attestation, or having it revoked or cancelled.

Date and place: ..... Signature of applicant: .....

The applicant must attach copies of the relevant logbook pages (minimum revalidation requirements).

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY				
Version	ISS 01 REV 00 / 09.2023	Prepared by	SBFP / kaa	Released by
Business object	BAZL-341.301-1	Revised by	SBFP / kaa	SL SBFP, 09.2023
				Internal / External