



**EBT REPORT FORM in accordance with AMC1 to Appendix 10**

**Proficiency check for type ratings, and proficiency check for the IRs when combined with type ratings**

**(a) Minimum information provided in the form for Appendix 10.**

Applicant's last name	Applicant's first name
Type of licence held :	State of licence issue
Licence number	Signature of applicant
Type rating :	

<b>EBT module 1</b> <i>(mandatory)</i>	Session 1 : <i>(mandatory)</i>	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :
<b>EBT module 1</b> <i>(mandatory)</i>	Session 2 : <i>(mandatory)</i>	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :
<b>EBT module 1</b> <i>(mandatory)</i>	Session 3 :	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :
<b>EBT module 2</b> <i>(mandatory)</i>	Session 1 : <i>(mandatory)</i>	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :
<b>EBT module 2</b> <i>(mandatory)</i>	Session 2 : <i>(mandatory)</i>	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :
<b>EBT module 2</b> <i>(mandatory)</i>	Session 3 :	TRI/SFI name :
	TRI/SFI licence number :	FSTD ID Code :
	Location :	Date :

EBT module 3	Session 1 :	TRI/SFI name :	
	TRI/SFI licence number :	FSTD ID Code :	
	Location :	Date :	Time :
	Session 2 :	TRI/SFI name :	
	TRI/SFI licence number :	FSTD ID Code :	
	Location :	Date :	Time :
	Session 3 :	TRI/SFI name :	
	TRI/SFI licence number :	FSTD ID Code :	
	Location :	Date :	Time :

**(b) AOC declaration for revalidation and renewal under the EBT programme for the purpose of AMC1 ARA.GEN.315(a) point (d) and for the purpose of point 1(a) of Appendix 10.**

**I confirm all of the following:**

	YES
The EBT manager holds a current type rating examiner certificate in the type rating filled in Appendix 10.	<input type="checkbox"/>
The instructor(s) that conducted the training to the applicant has (have) been standardised.	<input type="checkbox"/>
The EBT operator has performed a verification of the grading system at least once in the last 3 years.	<input type="checkbox"/>
The integrity of the applicant training data is ensured.	<input type="checkbox"/>

Completion of the operator's EBT Programme from \_\_\_\_\_ to \_\_\_\_\_

EBT Manager name  
or deputy :

Licence number :

Examiner certificate :

Date :

Signature of the EBT  
manager or deputy