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APPROVED APPLICATION FORM FOR REVALIDATION OF TYPE RATINGS
IN ACCORDANCE WITH SUBPART H, FCL.740.H (a) (2)

Revalidation of SET helicopter types in accordance with recency requirements

1 Applicant information (to be completed by applicant)		
License number:	Date of birth (dd.mm.yyyy) (click to choose):	State of issue:
Last name:		First name(s):
Address:	Postal code:	City:
Telephone number:	E-mail:	

2 Type rating to be revalidated (to be completed by applicant)	
Type rating:	
<p>I meet the relevant experience requirements for revalidation according to FCL.740.H (a) (2):</p> <p><input type="checkbox"/> Within the validity period of the type rating, at least 6 hours as PIC</p> <p><input type="checkbox"/> I have satisfactorily completed refresher training, to the satisfaction of an instructor, for at least 1 hour of total flight time within the three-month period preceding the expiry date of the rating.</p>	
Date of refresher training (dd.mm.yyyy):	Name of instructor in capital letters:
Helicopter registration number and type / FSTD QC (as applicable):	
Date (dd.mm.yyyy):	Signature of applicant:

3	Revalidation of further SET helicopter type(s) in accordance with recency requirements			
	The applicant has at least 6 hours as PIC on each type within the validity period. Expiry date shall be the same as the expiry date used for the revalidation of the base helicopter.			
	Type (licence endorsement):	Hours on type (> 15 hours):	Hours as PIC on helicopters (> 300 hours):	Type rating valid until (dd.mm.yyyy):
				Type rating entered in licence: O Yes O No
			O Yes O No	
			O Yes O No	

4	Revalidation completed by an examiner and type rating(s) endorsed in the licence
As examiner, I hereby declare that the applicant has:	
<input type="checkbox"/> A valid medical certificate, class 1 or 2.	
<input type="checkbox"/> English language proficiency. The applicant's logbook has been reviewed and meets the requirements for revalidation.	
<input type="checkbox"/> If ratings is/are endorsed on the licence, a copy of the applicant's licence must be attached.	
Date (dd.mm.yyyy):	Examiner certificate number:
Name of examiner:	Signature of examiner:

5	Declaration of national procedure and requirements for non-Norwegian examiners according to FCL.1030 (b) (3) (iv)
I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the version _____ of the Examiner Differences Document.	
Date:	Signature of Examiner:

6	Revalidation and endorsement completed by CAA Norway (Luftfartstilsynet) (to be completed by the applicant)
The application is subject to an extra charge in accordance with BSL A 1-2 "Forskrift om gebyr til Luftfartstilsynet" (Gebyrforskriften).	
<input type="checkbox"/> Copy of relevant logbook pages for the last 12 months, counted from the expiry date of the type rating, documenting that experience requirements are fulfilled. Instructor refresher training must be endorsed in the logbook.	

7	Verification of compliance in accordance with ARA.GEN.315 and AMC1 ARA.GEN.315 (a) (to be completed by applicant)	
<input type="checkbox"/>	I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State.	
<input type="checkbox"/>	I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State.	
<input type="checkbox"/>	I have never held any personnel licence, certificate, rating, authorisation, or attestation with the same scope and in the same category as those issued in another Member State, which were revoked or suspended in any other Member State.	
<input type="checkbox"/>	I hereby declare that all the statements in connection with this application are complete and correct. I understand that any false or misleading statement could disqualify me from being granted a personnel licence, certificate, rating, authorisation or attestation.	
Date (dd.mm.yyy):		Signature of applicant:

Handling of personal data	
<p>To process your application, we need information about you. Your personal data is required to ensure the information received is <i>from the correct person</i>. Your personal data will be handled in accordance with Regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.</p> <p>Your personal data will be stored only as long as required for the purpose for which it was collected. You have the right to access your personal data, and, if necessary, have it corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority.</p> <p>The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application. Contact our data protection officer at personvernombud@caa.no.</p> <p>All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data, which is subject to confidentiality.</p> <p>Read our privacy policy here: https://luftfartstilsynet.no/en/about-us/privacy-policy.</p>	