



Form. No. PEL-FCL 910FI
 Revision 1
 Page 2 of 2
 Revision Date: 11/0/2023

**PART-FCL
 RECORD OF SUPERVISED SOLO FLIGHTS OR AIR EXERCISES FOR REMOVAL OF
 SUPERVISORY RESTRICTION FROM AN INSTRUCTOR CERTIFICATE IN ACCORDANCE WITH
 PART-FCL**

1. RECORD OF SUPERVISED SOLO FLIGHTS/AIR EXERCISES TO REMOVE SUPERVISORY RESTRICTION FCL.910.FI To be completed by applicant

	Date of flight	Students name	Students license or reference number	Exercise Number of Air Exercise	Name of Supervising Flight Instructor	Signature of Supervising Flight Instructor	License Number of supervising Flight Instructor	Name of ATO Flight training conducted with and approving competent Authority
17								
18								
19								
20								
21								
22								
23								
24								
25								

2. TOTAL HOURS INSTRUCTION GIVEN To be completed by Applicant

I have conducted hours of flight instruction and meet the requirements of FCL.910.FI(c) for the removal of the supervisory restriction.

3. FLIGHT INSTRUCTION EXPERIENCE CONFIRMATION To be completed by Applicant

I certify that the details listed above are correct and meet the requirements of FCL.910.FI(c) for the removal of the supervisory restriction:

Name of Applicant:..... HCAA Reference Number.....

Signature of Applicant: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1