	Form. No. PEL-FCL 910FI Revision 1 Page 1 of 2	PART-FCL RECORD OF SUPERVISED SOLO FLIGHTS OR AIR EXERCISES FOR REMOVAL OF SUPERVISORY RESTRICTION FROM AN INSTRUCTOR CERTIFICATE IN ACCORDANCE WITH PART-FCI
НСАА	Revision Date: 11/09/2023	PART-FCL

Please complete this form in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a license or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

1.	RECORD	OF SUPERVISED S	OLO FLIGHTS/AIR EXE	RCISES TO REM	MOVE SUPERVISORY F	RESTRICTION FCL.9	10.FI Tobe comple	eted 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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

|--|

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

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 re	moval of the supervisory restriction:
Name of Applicant:H	CAA Reference Number
Signature of Applicant:	Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1	