

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



Please complete this form online (preferred method) then print, sign and submit as instructed.  
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

**DEPARTMENT OF CIVIL AVIATION**

Unique No. (to be completed by DCA)

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

**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 or Air Exercise | Name of Supervising Flight Instructor | Signature of Supervising Flight Instructor | License Number of supervising Flight Instructor | Name of ATO/DTO Flight training conducted with and approving Competent Authority |
|----------------|---------------|--------------------------------------|---------------------------------|---------------------------------------|--|---|--|
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| <b>2. FLIGHT INSTRUCTION EXPERIENCE CONFIRMATION</b>   | <b>To be completed by the Applicant</b> |
| 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: ..... DCA Reference Number  |   |
| Signature of Applicant: ..... Date: .....  |   |
| <b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>  |   |