



# DIREÇÃO DE LICENCIAMENTO E EXAMINAÇÃO

## DEPARTAMENTO DE EXAMINAÇÃO

### EBT – Evidence-Base Training

Ref: Appendix 10 Part FCL Reg. 1178/2011

Fill in **BLUE** or **BLACK** ink, with **BLOCK CAPITALS**, after checking the instructions contained in the annex to this form.

SECTION A – APPLICANT DETAILS	
Applicant's last name(s):	Applicant's first name(s):
Signature of applicant:	State of licence issue:
Type of licence held:	Licence number:
Type rating:	FSTD (aircraft type):
Revalidation <input type="checkbox"/>	Renewal <input type="checkbox"/>

SECTION B – SESSION DETAILS	
<b>EBT module</b>  <b>1</b>	Session 1 .... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____
	Session 2 .... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____
	Session ..... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____
	Completion of the module: <input type="checkbox"/> _____ date / signature (EBT manager)
	<b>EBT module</b>  <b>2</b>
Session 2 ..... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____	
Session ..... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____	
Completion of the module: <input type="checkbox"/> _____ date / signature (EBT manager)	
<b>EBT module</b>  .....	
	Session ..... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____
	Session ..... Instructor Name: _____ Type and number of licences: _____ Location, date and time: _____ FSTD ID: _____
	Completion of the module: <input type="checkbox"/> _____ date / signature (EBT manager)
	Completion of the operator's EBT programme from _____(date) to _____(date) <input type="checkbox"/> _____ date / signature (EBT manager)
Name(s) in capital letters: Type and number of licences:	



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Examiner certificate number: Signature of examiner (EBT manager): Date of applicant's licence endorsement:
<b>Delegation of signature for licence endorsement (instructor)</b>
Name: Position in the operator: Date: Signature:

AOC declaration for revalidation and renewal under the EBT programme for the purpose of [AMCI ARA.GEN.315\(a\)](#) point (d) and for the purpose of point 1 (a) of [Appendix 10](#).

**I confirm all the following:**

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

Signature of the training manager or EBT manager \_\_\_\_\_



## **INSTRUCTIONS**

**DO NOT PRINT THIS PAGE, UNLESS STRICTLY NECESSARY**

Instruction pages contain a summary of applicable procedures and Regulations. They shall be complemented by checking applicable Regulations, Examiner Handbook and EASA Examiner Differences Document.

Incomplete forms or with filling deficiencies, will be rejected, stopping any application process.