

Swiss Confederation

Federal Department of the Environment, Transport, Energy and Communications DETEC Federal Office of Civil Aviation FOCA

Safety - Division Flight Personnel 3003 Bern

Applicant's licence number:	

MOUNTAIN Rating (A) revalidation

based on recent experience

Training / experience report form

Applica	ant last name:	first	name:	date of birth:		
place of b	birth:	place of origin:	national	ity:		
post code	e: city:		street:			
phone/fax	x home.	nho	ne/fax office:			
	A Home.					
e-mail:			nature of applicant:			
Re	validation: Summary of rec	luirements				
a)	MOUNTAIN rating		valid until:			
b)	EASA Medical class	1 or □ 2 or □	LAPL valid until:			
c)	6 landings on altiports or gla 24 months preceding the ex		(MNM 6) attach copies of the	relevant logbook pages		
IMPORTANT NOTE:						
	In case you look for:					
a) b)	,, ,, ,, ,, ,, ,, ,, ,, ,					
use and follow the instructions on form 60.627 to pass a proficiency check MOUNTAIN						
Data to be confirmed by the airport authority (authorized duty manager of Swiss airport authority), or by the examiner if combined during a proficiency check						
Airport authorization number:						
name of	manager/examiner:	first	name:			

Send this form to Federal Office for Civil Aviation FOCA, Flight Personnel, CH-3003 Berne

location and date:

signature manager/examiner: