



### INSTRUCTOR'S TRAINING RECORD WHILE UNDER DIRECT SUPERVISION APPLICATION FOR A CLASS 3, FLIGHT INSTRUCTOR RATING

Family name:		First Name:	
Address:			
Tel. # (home) (     )	Tel. # (work): (     )	Licence #:	
Class 4 Instructor rating held:		Aircraft Category: <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter	Expiry date :

**I have conducted 50% or more of the last 10 hours of the dual flight instruction for the following applicants, each of whom, upon my recommendation, demonstrated the required standard of skill and knowledge for first solo flight and for the flight test for issue of a Recreational Permit or a Private or Commercial Licence in conformity with the Canadian Aviations Regulations, Articles 421.70/421.78.**

SECTION 1 First Solo Flight - Day VFR						
Date(yr/month/day) of 1 <sup>st</sup> solo	Students Name	Permit #	Name of Flight Training Unit	Supervising Instructor's		PTR at TC 4
				Signature	Licence #	
1.						
2.						
3.						

SECTION 2 Students recommended to undertake the Flight Test for issue of a permit or a licence						
Date(yr/month/day) of flight test	Students Name	Permit #	Name of Flight Training Unit	Supervising Instructor's		PTR at TC 4
				Signature	Licence #	
1.						
2.						
3.						

- This record is annexed with the charge imposed in respect with the Canadian Aviation Regulations, Part I, Subpart 4, articles 104.01, 104.05, Schedule IV.
- Furthermore, to accelerate the process, you will find enclosed copies of the Pilot Training Records covering all requirements of the last 10 hours of the dual flight instructions conducted before their first solo flight AND flight test for each of the 6 recommendations below.

<b>Signature of Applicant:</b>	<b>Date:</b>

**This is to certify that \_\_\_\_\_ has conducted 100 hours dual flight instructions for the issue of a pilot permit or licence. It is recommended that a Class 3  aeroplane OR  helicopter Flight Instructor Rating be issued.**

<b>Supervising Instructor:</b>		<b>Date:</b>
First Name and Family Name in block letters:	Signature:	

<b>For Departmental use only</b>	<b>CHECK AND ISSUE RECOMMENDED:</b>	
First Name and Family Name in block letters:	Signature:	Date: