

**Send to:**  
**[postmottak@caa.no](mailto:postmottak@caa.no)** (pdf format only) or  
**Luftfartstilsynet**  
**Postboks 243**  
**8001 BODØ**

APPLICATION FORM AND REPORT FORM FOR MCC1 CERTIFICATE  
 ACCORDING TO SUBPART J OF COMMISSION REGULATION (EU)  
 NO 1178/2011 OF 3 NOVEMBER 2011.

## Application form for MCC1

<input type="checkbox"/> Initial	<input type="checkbox"/> Revalidation *	<input type="checkbox"/> Renewal *	<input type="checkbox"/> Extension
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\* Form NF-1166 (Aeroplane) or NF-1168 (Helicopter) shall be attached to this form.

<b>1. Personal details of applicant</b>			
Date of birth	Licence number	State of issue	
Last name		First name(s)	
Address		City and zipcode	
Phone		E-mail	
Date and signature of the applicant			

The application is subject to a charge in accordance with BSL A 1-2 "Forskrift om gebyr til Luftfartstilsynet (Gebyrforskriften)".

Invoice payment by applicant       Invoice payment by company

Company name: ..... (Norwegian registered Company only)

<b>2. ATO Details (to be completed by ATO).</b>	
ATO-number	Name of ATO
Signature of Head of Training	
Name in capital letters	

**3. Checklist.** Mark the appropriate boxes as applicable (to completed by the ATO).

**Initial MCC1 checklist:**

- Credit given for the teaching and learning when applicant is holder of or have held FI, TRI, CRI, SFI.
- 25 hours of teaching and learning instruction, course completion attached.
- Technical training related to the relevant type of FSTD performed, documentation attached.
- 3 hours of practical instruction under supervision on relevant FNPT II/III MCC, FTD 2/3, or FFS, documentation attached.

**Renewal checklist:**

- Technical training related to the relevant type of FSTD performed, documentation attached.
- 3 hours of practical instruction under supervision on relevant FNPT II/III MCC, FTD 2/3, or FFS, documentation attached.

**Extension checklist:**

- Technical training of the MCC1 course on relevant type FNPT II/III MCC, FTD 2/3, or FFS, documentation attached.
- 3 hours of practical instruction under supervision on relevant FNPT II/III MCC, FTD 2/3, or FFS, documentation attached.

<b>4. Application for initial authorization as (role)</b>		
<input type="checkbox"/> MCC(A)	<input type="checkbox"/> MCC(H)	<input type="checkbox"/> have completed at least 1 hour of flight time as an observer on the flight deck of the applicable type of helicopter, within the 12 months preceding the application.
Total flight time	Multi-pilot operations MPO flight time	Previous Instructional Qualifications

<b>5. Observation details MCC (to be completed by the Supervisor)</b>			
<input type="checkbox"/> FTD2/3 <input type="checkbox"/> FNPT II/III MCC <input type="checkbox"/> FFS			
STD/FNPT/FFS Qualification Number (Registration)		Aircraft Represented	
Date	Start time	Finish time	Duration
Crew member(s)	Name		Licence no
	Name		Licence no
Supervisor	Name		Licence no
Supervisor privileges		Signature of the Supervisor	
<input type="checkbox"/> TRI <input type="checkbox"/> SFI <input type="checkbox"/> MCC			

<b>6. Check under supervision (Observation details)</b>			
Competence	Performance	Checked	Remarks
<b>Prepare resources</b>	(a) Ensure adequate facilities (b) Prepare briefing materials (c) Manage available tools (d) Plans training within the training platform, as determined by the ATO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(a) establishes credentials, role models appropriate behavior (b) clarifies roles (c) states objectives (d) ascertains and support student pilot's (trainees) needs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(a) communicates clearly (b) creates and sustains realism (c) looks for training opportunities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(a) makes TEM or CRM links with technical training (b) for aeroplanes: makes upset prevention links with technical training	<input type="checkbox"/> <input type="checkbox"/>	
<b>Manage time to achieve training objectives</b>	(a) allocates time appropriate to achieving competency objective.	<input type="checkbox"/>	

<b>Facilitate learning</b>	(a) encourages trainee participation (b) shows motivating, patient, confident and assertive manner (c) conducts one-to-one coaching (d) encourages mutual support	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Assesses trainee performance</b>	(a) assesses and encourages trainee self-assessment of performance against competency standards (b) makes assessment decision and provide clear feedback (c) observes CRM behaviour	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Monitor and review progress</b>	(a) compares individual outcomes to defined objectives (b) identifies individual differences in learning rates (c) applies appropriate corrective action	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Evaluate training sessions</b>	(a) elicits feedback from trainees (b) tracks training session processes against competence criteria (c) keeps appropriate records	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Report outcome</b>	Reports accurately using only observed actions and events.	<input type="checkbox"/>	

## 7. Verification of compliance in accordance with ARA.GEN.315 and AMC1 ARA.GEN.315(a)

- I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State.
- I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State.
- I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.
- I hereby declare that all the statements in connection with this application are complete and correct. I understand that any false or misleading statement could disqualify me from being granted a personnel licence, certificate, rating, authorisation or attestation.

Date

Signature of applicant

**All attached copies shall be readable and in colour.  
Please note that failure to submit all required documentation  
may result in the return of your application**

**Read our privacy policy here:**

In order to process your application we need information about you for identification to secure that the rating /licence is issued/revalidated/ or renewed to the correct person. Your personal data will be handled in accordance with regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority. The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application. Contact our data protection officer at [personvernombud@caa.no](mailto:personvernombud@caa.no).

All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality.

Read our privacy policy here: <https://luftfartstilsynet.no/en/about-us/privacy-policy/>