



Croatian Civil Aviation Agency

I, _____ confirm that

Instructor's full name and licence no.

_____ has successfully completed

Candidate's full name and licence no.

SEP / TMG Refresher training,

(Mark applicable)

in the period from _____ to _____

date

date

In accordance with the Commission Regulation (EU) 1178/2011 and its
amendments,

Which included:

_____ h of theoretical training

hours

_____ h of practical training

hours

***Instructor's remarks from the training:**

1. Assessment result:

a) Theoretical training:

b) Practical training:

2. Assessment details:

**(required field)*

Date and place

Instructor's signature