



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)*

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*Date and place*

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*Instructor's signature*