

**FLIGHT CREW RECENT EXPERIENCE (REC)**  
**Targeted Exemption (TE) Submission Form**

| Part A. ICAO use only    |     |     |     |     |
|--------------------------|-----|-----|-----|-----|
| TE Reference No.         |     |     |     |     |
| QR Code                  |     |     |     |     |
| Other related TEs lodged | PPC | ARA | MED | PEL |

Refer to instructions for information on completion of this form

| Part B. TARGETED EXEMPTION DETAILS                     |   |                      |
|--|---|----------------------|
| 1. State   |   |                      |
| 2. Notification Date                                   |   |                      |
| 3. Reason for granting TE                              | Details:  |                      |
| 4. Associated SARP (Target group)<br>(Select one only) | Pilot-in-Command/Co-pilot (aeroplanes) - Annex 6, P I, 9.4.1.1<br>Cruise relief pilot (aeroplanes) - Annex 6, P I, 9.4.2.1<br>Pilot-in-Command (aeroplanes) - Annex 6, P II, 3.9.4.2<br>Co-pilot (aeroplanes) - Annex 6, P II, 3.9.4.3<br>Pilot-in-Command/Co-pilot (helicopters) - Annex 6, P III, 7.4.1.1 |                      |
| 5. TE Applicability Period                             | From:   | To:                  |
|  | <i>*****Start and end time is assumed to be 00:00 UTC*****</i>  |                      |
| 6. TE approved for use by:                             | Operator Name:  | 3 Letter Designator: |
|  | Details:  |                      |
| 7. Operator accountable person                         | Name:   | Position:            |
|  | Email:  | Phone:               |
| 8. State Focal Point                                   | Name:   | Position:            |
|  | Email:  | Phone:               |
| 9. State/CAA Accountable Person                        | Name:   | Position:            |
|  | Email:  | Phone:               |

**Part C. TARGETED EXEMPTION ELEMENTS**

|  |   |
|--|---|
| <b>1. Maximum interval</b>                                 | <b>Revised minimum recency requirements:</b><br>_____ Take-off(s)/Landing(s) in _____ days  |
| <b>2. Specific mitigations</b><br>(Select all that apply)  | <b>Alternative training requirements</b><br><b>Details:</b><br><br><b>Operating limitations</b><br><b>Details:</b><br><br><b>Restricted crew composition</b><br><b>Details:</b><br><br><b>Other mitigations</b><br><b>Details:</b>                    |
| <b>3. Document to be issued</b><br>(Select all that apply) | <b>Crew operating under TE have been issued with the following documents:</b><br><b>Official TE document issued by CAA of the State of the Operator</b><br><b>Copy of the completed TE form, including Part A.</b><br><b>Other</b><br><b>Details:</b> |