

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