

Application for Conversion: Flight Instructor Simulator (FI S) to SFI(A) Certificate (TCAR PEL Part FCL) for SPA HPA Complex

INSTRUCTION

- Please complete all relevant sections of this form, and fill in "N/A" or "-" where not applicable.
- The completed form must be [submitted via EMPIC](#), together with the required supporting documentation (EMPIC flow name: "(FCL) – Application for Conversion Existing Flight Instructor To TCAR PEL FCL Subpart J (FIC).").
- EMPIC Notification will be sent to your registered account once the application has been reviewed.

GENERAL INFORMATION

First Name	Last Name	Date of Birth	Place of Birth
Nationality	Personal Address	City, Country	
Telephone	E-mail	Applicant License No.	

REQUIREMENTS FOR THE CONVERSION TO SFI(A) CERTIFICATE *(Items marked with (*) are mandatory)*

No.	Applicant Declaration			Supporting Document
1*	I hold a valid license and the associated type rating with an IR:	☐ Yes ☐ No <i>(If no, skip to item 5)</i>		
2	My license has been converted to a TCAR PEL Part FCL License	☐ Yes ☐ No <i>(If yes, skip to item 4)</i>		
3	For non-converted applicants, or are in the process of conversion, pass License Proficiency Check (LPC)	LPC Date:		Completed LPC Result Form
4	License Type	☐ CPL ☐ MPL ☐ ATPL	Valid Until:	A copy of a valid license and its associated ratings
	Type Rating to provide instruction:		Valid Until:	
	Associated IR for TR mentioned above	☐ Valid ☐ Invalid	Valid Until:	
5	For non-valid license applicant <i>(If not applicable, skip to item 6)</i>			
	License held	☐ CPL ☐ MPL ☐ ATPL	Issue Date:	A copy of a valid license and its associated ratings Certificate ⁽¹⁾
	Type Rating to provide instruction:		Last LPC Date:	
	have completed the flight simulator content of the applicable SPA(A) HPA complex type rating course		Date:	
6*	Hold a valid Flight Instructor Simulator (FI S) on aeroplane issued by the CAAT under the regulations in force before the entry into force of TCAR PEL Part FCL and TCAR PEL Parts	☐ Valid ☐ Invalid ⁽²⁾ <i>(If valid, skip to item 7)</i>		A copy of FI S Certificate
	If the FI S certificate is invalid, renewal in accordance with FCL.940.SFI(e) (SFI refresher training) has been completed	Date:		Certificate ⁽¹⁾
	Completed, in an FSTD, the skill test for issue of the relevant type rating(s)	Date:		Proficiency Check Result

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No.	Applicant Declaration			Supporting Document
7*	Minimum total flying experience of 1500 hours as pilot		Hours:	A copy of pilot logbook ⁽³⁾
	including 500 hours on SPA(A) HPA Complex		Hours:	
8	Applying for an extension of privileges to provide flight instruction in multi-pilot operations (MPO):		☐ Yes ☐ N/A (If N/A, skip to item 9)	
	have at least 500 hours on aeroplanes in multi-pilot operations		Hours:	A copy of pilot logbook ⁽³⁾
9*	☐	Demonstrate knowledge of TCAR PEL Part FCL regulation Subpart J	Date:	Attendance Sheet ⁽⁴⁾
	OR			
	☐	Demonstration of knowledge of TCAR PEL Part FCL Subpart J is scheduled with the examiner prior to the Assessment of Competence (AoC)		Evidence to be submitted by the Examiner ⁽⁵⁾

⁽¹⁾ Course Completion Certificate indicating the course name, applicant's name, and date of completion.

⁽²⁾ A Flight Instructor Simulator - FI S issued under the previous regulation remains valid until 22 December 2026, provided the holder complies with the Rule of the Department of Civil Aviation on Flight Instructors, B.E. 2553. After that date, the rating is invalid, and instructor privileges may not be exercised until conversion to an SFI(A) certificate is approved under TCAR PEL Part FCL.

⁽³⁾ Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

⁽⁴⁾ A copy of the attendance sheet (or certificate of attendance) issued by CAAT, confirming participation in training on TCAR PEL Part FCL Subpart J.

⁽⁵⁾ Prior to the Assessment of Competence (AoC), the applicant shall demonstrate knowledge of TCAR PEL Part FCL Subpart J to the examiner, and the examiner shall record on the AoC form that the applicant has satisfactorily demonstrated this knowledge.

ASSESSMENT OF COMPETENCE REQUEST

Proposed Examiner: ☐ Yes ☐ N/A

Name of Examiner Requested:			
Examiner Certificate No.:		Certificate Expiry Date:	
Proposed Date of Assessment:			

I am employed by: ☐ AOC ☐ ATO ☐ N/A

AOC/ATO	(To be completed by the employer) By signing this form, I declare on behalf of the AOC/ATO that: - the applicant's prerequisite instructor qualifications required by CAAT have been verified and are correct. - the information declared is consistent with the applicant's employment and operational records maintained by the AOC/ATO; - I understand that providing false or misleading information may result in enforcement action by the Authority.		
	AOC/ATO Name:		Certificate No.:
	Name of Head of Training:		License No.:
	Signed at (City, Country):		Date of Signature:
	Signature of AOC/ATO Head of Training:		

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APPLICANT	By signing this form, I declare: • I am familiar with the relevant operational requirements and the TCAR PEL Part FCL regulation. • I have never possessed any personnel licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended. • that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation, or having it revoked or cancelled.	
	Name:	
	Date of Signature:	
	Signed at (City, Country):	
	Signature of Applicant:	