Application Form for SFI MP (A)/SFI SP (A) Type Extension

Ref. of Payment

APPLICANT			
First Name	Last Name	Date of Birth	Place of Birth
Nationality	Personal Address		City, Country
Telephone	E-mail		
Type of Licence	Licence Number		Valid Until

Invoice and certificate to be sent to: ☐ applicant ☐ company

SFI MP(A) application for aircraft Type: _____ ☐ date: _____

SFI SP(A) application for aircraft Type: _____ ☐ date: _____

Details of conditions and flight experience

a) hold or have held a ☐ CPL, ☐ MPL or ☐ ATPL in the appropriate aircraft category — issue date: _____

b) SFI ☐ MP(A) ☐ SP(A) — valid until: _____

c) ☐ completed the simulator content of the relevant type rating course **(enclose course confirmation)** — date: _____

d) ☐ completed the relevant parts of the technical training and the FSTD content of flight instruction syllabus of the applicable TRI course. **(enclose course confirmation)**

e) ☐ has completed the proficiency check for the issue of the specific aircraft type rating in an FFS representing the applicable type, within the 12 months preceding the application **(Enclose Examination Form)** — date: _____

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this application.

Data confirmed by ATO

ATO name: _____ Registration number: _____

Name of Head of Training: _____ Licence number: _____

Signature of Head of Training: _____ Location and date: _____

By signing this form, I declare:

- I know the relevant parts of the 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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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 and Place of Signature: _____

Signature: _____

For CAAT use ONLY

Has conducted on a complete type rating course at least

3 hours of flight instruction related to the duties of an SFI
on the applicable type under the supervision and

to the satisfaction of a TRE or an SFE qualified for this purpose

Name of Examiner_____

Date: _____ Signature _____

☐ **enclose the supervision report form**