Application Form for SFI MP(A) Initial Application

INSTRUCTION

1. Please complete all relevant sections of this form, and fill in "N/A" or "-" where not applicable.
2. The completed form must be submitted via EMPIC, together with the required supporting documentation (EMPIC flow name: "(FCL) – Application for Issue of Flight Instructor Certificate and Endorsement").
3. 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 ISSUE OF A SFI MP(A) *(Items marked with (*) are mandatory)*

No.	Applicant Declaration				Supporting Document
1*	Hold or have held	☐ **CPL** ☐ **MPL** ☐ **ATPL**	Valid Until:		A copy of a valid license and its associated ratings
	Type Rating to provide instruction:		Valid Until:		
2*	have completed the FSTD content of the applicable type rating course		Date:		Certificate [2]
3*	have completed the proficiency check for the issue of the specific aircraft type rating in an FFS		Date:		Completed LPC Result Form
4*	**Min. 1500 hrs** flight time as a pilot on multi-pilot aeroplanes		Hours:		A copy of pilot logbook [1]
5*	have completed, as a pilot or as an observer, within 12 months preceding the application, at least:				A copy of pilot logbook [1] Training Record
	☐	3 route sectors on the flight deck of the applicable aircraft type; or	Number of Aircraft Sectors:		
	☐	2 line-orientated flight training-based simulator sessions conducted by qualified flight crew on the flight deck of the applicable type. These simulator sessions shall include 2 flights of at least 2 hours each between 2 different aerodromes, and the associated pre-flight planning and de-briefing;	Number of FFS Sectors:		Training Record
6*	Completed an approved TRI/SFI course at an ATO		Date:		Certificate [2]
	Credit for **25 hrs of teaching and learning** (if applicable, for another instructor certificate held)		☐ **Yes** ☐ **N/A**		Instructor certificate held [3]

[1] Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

[2] Course Completion Certificate indicating the course name, applicant's name, and date of completion, including LIFUS and Landing Training where applicable. Training records may be submitted as supporting documentation.

[3] Instructor certificate held must be issued or accepted by the Civil Aviation Authority of Thailand (CAAT).

CAAT
สำนักงานการบินพลเรือนแห่งประเทศไทย
The Civil Aviation Authority of Thailand

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ASSESSMENT OF COMPETENCE REQUEST

Proposed Examiner: ☐ **Yes** ☐ **N/A**

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

DATA CONFIRMATION

ATO

(To be completed by the ATO providing the training course) By signing this form, I declare on behalf of the ATO that:

- the applicant has completed the required training in accordance with the TCAR PEL Part FCL and the ATO's approved Training Manual;
- the training records, syllabi, and results submitted with this application are accurate and complete;
- I understand that providing false or misleading information may result in enforcement action by the Authority.

ATO Name:		**Certificate No.:**	
Name of Head of Training:		**License No.:**	
Signed at (City, Country):		**Date of Signature:**	
Signature of ATO Head of Training:			

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 operational experience, including flight time, route sectors, and line flying on the applicable type, has been verified and is correct;
- the information declared is consistent with the applicant's employment and operational records maintained by the company;
- 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:			

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:	