Application Form for SFI(A)/TRI(A) Revalidation/Renewal

☐ MP(A)

☐ SP(A)

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 licence to be sent to: ☐ applicant ☐ company

Expiry date of TRI/SFI(A) certificate: _____ **Type Rating(s):** _____

Date of last assessment of competence: _____

For at least each alternate revalidation of a TRI/SFI certificate, holders shall pass the assessment of competence in accordance with point FCL.935.

☐ **TRI Revalidation**: the holder shall within the **12 months** preceding the expiry date fulfil **2** of the requirements **1, 2 or 3** below.

☐ **TRI Renewal**: the holder shall within the **12 months** preceding the application fulfil the requirements **3, 4, and 5** below:

☐ **SFI Revalidation**: the holder shall before the expiry date of the SFI certificate fulfil **2** of the requirements **2, 3 or 6 and 7** below

☐ **SFI Renewal**: the holder shall within the **12 months** preceding the application fulfil the requirements **3, 5, 7**.

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1. conduct on a complete TR course or recurrent training course at least — date: _____

   ☐ 3 hours simulator training or ☐ 1 hour air exercise with min. 2 take-offs and 2 landings — hours: _____

2. ☐ receive instructor refresher training as a TRI ☐ SFI ☐ at an ATO — date_____
   (enclose course confirmation)

3. pass an assessment of competence accordance with FCL.935

   Refer to box "For CAAT use only"

4. complete 30 route sectors on the applicable type — sectors acft.: _____

   of which not more than 15 sectors on a FFS — sectors sim.: _____

5. ☐ Complete a refresher seminar as ☐ SFI ☐ TRI at an ATO

   which shall cover the relevant elements of the TRI training course — date: _____

   (enclose course confirmation)

6. complete 50 hours as an instructor or an examiner in FSTDs, of which at least 15 hours — total hours: _____

   shall be within the 12 months preceding the expiry date of the SFI certificate — in 12 months: _____

7. ☐ have completed, on a FFS/FSTD, the skill test/LPC for the issue — date:_____ _____

   of the specific aircraft type ratings representing the types

   for which privileges are to sought

   (enclose ST/LPC form)

Data confirmed by ATO (or enclose copies of the relevant pages of logbook) if needed

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 passed an assessment of competence in accordance with FCL.935

Name of Examiner_____

Date: _____ Signature _____

☐ **enclose AOC report form**