Application Form for FI (A) SP(A) Class or Type Extension (Except HPAC)

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 ☐ company ☐ applicant

FI(A) application for aircraft type / class: _____

Recapitulation of conditions and flying experience

a) Type of Licence ☐ PPL ☐ CPL ☐ ATPL

b) Medical ☐ Class1 ☐ Class2 valid until: _____

c) FI(A) valid until: _____

d) Total flight experience as instructor hours: _____

e) Minimum 15 hours total time as pilot on the applicable class or type hours: _____

of which a maximum of 7 hours may be on an FSTD representing the class or type hours: _____

or

passed an assessment of competence as FI(A) or CRI(A)

(in this case report to box "For CAAT use ONLY") ☐

compulsory for first rating (sea) extension date: _____

f) To conduct flight instruction in multi-pilot operations

hold or have held a TRI certificate for multi-pilot aeroplanes valid until: _____

or

have completed all of the following:

1. at least 500 hours as pilots in multi-pilot operations on aeroplanes hours: _____
2. the training course for an MCCI in accordance with point FCL. 930.MCCI date: _____

g) Copies of logbook showing the required flight experience must be attached to this form ☐

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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**