Application Form for FI (A) Revalidation/Renewal

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

Expiry date of FI(A) certificate: _____ Date of last FI(A) assessment of competence: _____

☐ **For Revalidation of a FI (A) certificate, the holder shall fulfil 2 of the requirements 1), 2) or 3) below:**

For at least each alternate FI (A) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

☐ **For Renewal of a FI (A) certificate, the holder shall within a period of 12 months before the application fulfill the requirements 2) and 3) below**:

1. (a) 50 h as FI, CRI, IRI, TRI, or examiner during the period of validity of the FI(A) certificate, of which — hours: _____
   (b) 10 h IR instruction within 12 months preceding the expiry date of the FI(A)certificate. — hours: _____
   (1b applicable only if the privilege to instruct for IR is to be revalidated)
2. completed instructor refresher training as an FI at an ATO — date: _____
   (Enclose copy of course confirmation)
3. pass an assessment of competence acc. FCL.935 within 12 months preceding the expiry date of the FI(A) rating, in case of renewal, within 12 months before the application. — date: _____
   (Refer to box" For CAAT use only")

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

ATO Name: _____ Registration No.: _____

Name of Head of Training: _____ Licence No.: _____

Location & Date: _____ Signature of Head of Training: _____

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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