# Application Form for CRI (A) Revalidation/Renewal

| Ref. of Payment |
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| 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 CRI(A) certificate: _____ Date of last CRI(A) assessment of competence: _____**

・ **For Revalidation of a CRI (A) certificate, the holder shall fulfil 2 of the requirements 1), 2) or 3) below**:
For at least each alternate CRI (A) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

・ **For Renewal of a CRI (A) certificate, the holder shall in the period of 12 months before the application fulfil the requirements 2) and 3) below**:

1. 10 hours of flight instruction as a CRI(A) hour: _____

   of which 5 h multi engine instruction if the privilege to instruct for multi engine is to be revalidated hours: _____

2. complete a refresher training as a CRI at an ATO date: _____

   **(Enclose copy of course confirmation)** ・

3. pass an assessment of competence acc. FCL.935 date: _____
   (on multi engine aircraft, if the privilege to instruct for multi engine is to be revalidated)
   **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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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**