Application Form for IRI(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 IRI certificate: _____Date of last IRI assessment of competence: _____

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

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

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1. a) 50 h as FI, IRI, TRI or examiner during the period of validity of the IRI(A) certificate, hours: _____
   of which
   b) 10 h IR instruction within 12 months preceding the expiry date of the IRI(A) certificate. hours: _____

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 IRI(A) rating, in case of renewal, within 12 months before the application date: _____
(Refer to box" For CAAT use only") ☐

Datas confirmed by ATO

Name: _____Registration No.: _____

Name of Chief Flight Instructor: _____Licence No.: _____

Signature of Chief Flight Instructor: _____ 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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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**