Application Form for MCCI(A)

Initial Application

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

MCCI(A) application on FSTD representing aeroplane type: _____

Recapitulation of conditions and experience

a) hold or have held a CPL, MPL or ATPL
in the appropriate aircraft category — date of issue: _____

b) 1500 hours flight experience as pilot in multi-pilot operations — hours: _____

c) have completed an approved MCCI(A) course at an ATO including — date: _____

- 25 hours teaching and learning,
or credit for holder of other instructor certificate

☐ **in this case joint copy of instructor certificate already held**

- technical training related to the type of FSTD where the applicant wishes to instruct

FSTD Type_____ registration_____ — date: _____

- 3 hours of practical instruction, which may be flight instruction or MCC instruction on the relevant FNPT II MCC, FTD 2 or FFS,

FSTD Type_____ registration_____

under the supervision of a TRI, SFI or MCCI nominated by the ATO for that purpose. including the assessment of the applicant's competence as described in FCL.920. — date: _____

See bellow box for CAAT use only

☐ **Enclose copy of course confirmation**

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this form.

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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

Name of Examiner_____Signature_____

Date: _____

Completed an assessment of competence as

MCCI(A)_____Date: _____

☐ **Enclose Examination Form**