Application Form for STI(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

STI (A) application on aeroplane class/type:_____

Summary of conditions and flight experience:

a) hold or have held within the **3** years prior to the application a pilot licence:
Type of license • PPL • CPL • MPL • ATPL and
instructional privileges appropriate to the courses on which instruction is intended
Instructor certificate: _____ • End of validity date: _____

b) have completed in an FSTD the relevant proficiency check for a class/type rating
within a period of 12 months preceding the application

Applicants for the issue of an STI(A) wishing to instruct on BITDs only, shall complete the exercises appropriate for a skill test for the issue of a PPL(A) only.

FSTD Type_____ registration_____ date: _____

e) successfully completed an approved STI course in an ATO, date: _____

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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

Name of Examiner_____Signature_____

Date: _____

Completed an Assessment of Competence as

STI(A)_____Date: _____

☐ **Enclose Examination Form**