Application Form for TRI MP(A) Initial Application

INSTRUCTION

1. Please complete all relevant sections of this form, and fill in "N/A" or "-" where not applicable.
2. The completed form must be submitted via EMPIC, together with the required supporting documentation (EMPIC flow name: "(FCL) – Application for Issue of Flight Instructor Certificate and Endorsement").
3. EMPIC Notification will be sent to your registered account once the application has been reviewed.

GENERAL INFORMATION

First Name	Last Name	Date of Birth	Place of Birth
Nationality	**Personal Address**		**City, Country**
Telephone	**E-mail**		**Applicant License No.**

REQUIREMENTS FOR THE ISSUE OF A TRI MP(A) *(Items marked with (*) are mandatory)*

No.	Applicant Declaration				Supporting Document
1*	My license has been converted to a TCAR PEL Part FCL License		☐Yes ☐No (If yes, skip to item 2)		
	For non-converted applicants, pass **License Proficiency Check (LPC)**		LPC Date:		Completed LPC Result Form
2*	Type of License	☐ **CPL** ☐ **MPL** ☐ **ATPL**	Valid Until:		A copy of a valid license and its associated ratings
	Type Rating to provide instruction:		Valid Until:		
3*	**Min. 1500 hrs** flight time as a pilot on multi-pilot aeroplanes		Hours:		A copy of pilot logbook [1]
4*	Completed within **12 months preceding the application 30 route sectors** incl. take-offs and landings as **PIC or Co-pilot on the applicable type**		Number of Aircraft Sectors:		A copy of pilot logbook [1]
	of which **15 sectors** may be completed **in a FFS** representing the type		Number of FFS Sectors:		
5*	Completed an approved TRI course at an ATO		Date:		Certificate [2]
	Credit for **25 hrs of teaching and learning** (if applicable, for another instructor certificate held)		☐ Yes ☐ N/A		Instructor certificate held [3]
6	Additional training for **TRI LIFUS**		☐ Included ☐N/A		Certificate [2]
7	Additional training for **TRI Landing Training**		☐ Included ☐N/A		Certificate [2]

[1] Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

[2] Course Completion Certificate indicating the course name, applicant's name, and date of completion, including LIFUS and Landing Training where applicable. Training records may be submitted as supporting documentation.

[3] Instructor certificate held must be issued or accepted by the Civil Aviation Authority of Thailand (CAAT).

CAAT
สำนักงานการบินพลเรือนแห่งประเทศไทย
The Civil Aviation Authority of Thailand

Application Form for TRI MP(A) Initial Application

ASSESSMENT OF COMPETENCE REQUEST

Proposed Examiner: ☐Yes ☐N/A

Name of Examiner Requested:			
Examiner Certificate No.:		**Certificate Expiry Date:**	
Proposed Date of Assessment:			

DATA CONFIRMATION

ATO

(To be completed by the ATO providing the training course) By signing this form, I declare on behalf of the ATO that:

- the applicant has completed the required training in accordance with the TCAR PEL Part FCL and the ATO's approved Training Manual;
- the training records, syllabi, and results submitted with this application are accurate and complete;
- I understand that providing false or misleading information may result in enforcement action by the Authority.

ATO Name:		**Certificate No.:**	
Name of Head of Training:		**License No.:**	
Signed at (City, Country):		**Date of Signature:**	
Signature of ATO Head of Training:			

I am employed by: ☐ **AOC** ☐ **ATO** ☐ **N/A**

AOC/ATO

(To be completed by the employer) By signing this form, I declare on behalf of the AOC/ATO that:

- the applicant's operational experience, including flight time, route sectors, and line flying on the applicable type, has been verified and is correct;
- the information declared is consistent with the applicant's employment and operational records maintained by the company;
- I understand that providing false or misleading information may result in enforcement action by the Authority.

AOC/ATO Name:		**Certificate No.:**	
Name of Head of Training:		**License No.:**	
Signed at (City, Country):		**Date of Signature:**	
Signature of AOC/ATO Head of Training:			

APPLICANT

By signing this form, I declare:

- I am familiar with the relevant 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 of Signature:	
Signed at (City, Country):	
Signature of Applicant:	