

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 SP(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 <i>(If yes, skip to item 2)</i>		
	For non-converted applicants, or are in the process of conversion, 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:	☐ SPO ☐ MPO	Valid Until:		
3*	☐	Min. 500 hours flight time as a pilot on aeroplanes		Hours:	A copy of pilot logbook ⁽¹⁾
	☐	incl. 30 hours as PIC on the applicable type;		PIC Hours:	
	☐	Or hold or have held an FI certificate for multi-engine aeroplanes with IR(A) privileges;		Date Issued:	Instructor certificate held ⁽³⁾
4*	Completed within 12 months preceding the application 30 route sectors incl. take-offs and landings as PIC 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 Landing Training		☐ Included ☐ N/A		Certificate ⁽²⁾

Application Form for TRI SP(A) Initial Application

No.	Applicant Declaration			Supporting Document
7	Additional requirement for extension of privileges to flight instruction in multi-pilot operations: ☐ Yes ☐ N/A			
	☐	holds or has held a TRI certificate for multi-pilot aeroplanes	Date Issued:	Instructor certificate held ⁽³⁾
	☐	have at least 500 hours on aeroplanes in multi-pilot operations	Hours:	A copy of pilot logbook ⁽¹⁾
		and have completed an MCCI training course in accordance with point FCL.930.MCCI;	Date:	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 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).

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:		

CAUTION

– THE NEXT PAGE MUST BE COMPLETED AND SIGNED BY THE EMPLOYER (AOC/ATO) AND THE APPLICANT –

Application Form for TRI SP(A) Initial Application

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:		