# Application Form for STI (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: ・ applicant ・ company

**Expiry date of STI(A) certificate: _____**

☐ **For Revalidation of a valid STI(A) certificate, the holder shall, within the period of 12 months immediately preceding the expiry date of the STI certificate, fulfil the requirements 1) and 2) below:**

☐ **For Renewal of a STI (A) certificate, the applicant shall within the period of 12 months immediately preceding the application for the renewal fulfil the requirement 2),3) and 4) below:**

_____

1) conducted at least 3 hours of flight instruction in an FSTD, as part of a complete CPL, IR, PPL or class or type rating course hours: _____

2) have passed in the FSTD on which flight instruction is conducted, the applicable sections of the proficiency check in accordance with Appendix 9 for the appropriate class or type of aircraft. date: _____

For STIs(A) instructing on BITDs only, the prof. check shall include the exercises appropriate for a skill test for the issue of a PPL(A) only.

☐ **enclose LPC form**

3) Refresher training as an STI at an ATO date: _____

- **Enclose copy of the course confirmation**

4) conduct, in the relevant aircraft category, on a complete CPL, IR, PPL or class or type rating course, at least 3 hours of flight instruction under the supervision of an FI, a CRI, an IRI or a TRI nominated by the ATO ..... date _____ including at least 1 hour of flight instruction supervised by a flight instructor examiner (FIE)

**See bellow box for CAAT use only**

**Data confirmed by ATO for renewal**

**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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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 1 hour of flight instruction supervised by an FIE as

STI(A)_____Date: _____

☐ **Enclose supervision Form**