Application Form for TRI MP(A)/TRI SP (A) Type extension

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

Type extension.

TRI MP(A) application for aircraft Type extension:_____ ☐ date: _____

TRI SP(A) application for aircraft Type extension: _____ ☐ date: _____

Summary of conditions and flying experience

a) Type of License: ☐ CPL ☐ MPL or ☐ ATPL

b) TRI ☐ MP(A) ☐ SP(A) valid until: _____

c) Medical ☐ class 1 ☐ class 2 valid until: _____

Within the last 12 months

d) min. 15 route sectors incl. landings and take-offs on the applicable type sectors: _____
of which 7 may be completed in a FFS, within the 12 months preceding the application . sectors: _____

e) completed the technical training and flight instruction parts of the relevant TRI course date: _____
(enclose course confirmation) ☐

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

Data confirmed by

ATO name: _____ Registration number: _____

Name of Head of Training: _____ Licence number: _____

Signature of Head of Training: _____ Location and date: _____

TRI(r) MP(A) extended to the following privileges according ATO approved syllabus (enclose training confirmation):

☐ TRI(r) LIFUS ☐ TRI(r) LT ☐ TRI(r) LIFUS-LT

☐ To a new type: _____

TRI(r) SPA extended to the following privileges according ATO approved syllabus (enclose training confirmation):

☐ TRI(r) LT

☐ To a new type: _____

☐ TRI unrestricted **only if no FSTD exist for the type.**

ATO must demonstrate that there is no available and accessible FFS and that an aircraft is used according to FCL.935.TRI (a)

ATO must certify the assessment of competence is conducted according to all safety procedures and notes included in the following flight safety manual of ATO/ AOC (name of Organisation):

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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

Except for extension to LIFUS or/and LT, has passed the relevant sections of the assessment of competence in accordance with FCL.935

Name of Examiner_____

Date: _____ Signature _____

☐ **enclose AoC report form**