Application Form for STI(A) extension of privileges

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) extension to other FSTDs representing further class/ypes:_____

Summary of conditions and flight experience:

a) completed the FSTD content of the CRI or TRI course on the applicable type or class of aeroplane for which instructional privileges are sough date: _____

☐ **Enclose copy of course confirmation**

b) passed in the FSTD on which instruction is to be conducted, the applicable section of the proficiency check in accordance with Appendix 9 to this regulation for the appropriate class or type of aeroplane;

For STIs(A) instructing on BITD only, the proficiency check shall include only the exercises appropriate for the skill test for the issue of a PPL(A);

☐ **enclose LPC form**

c) conducted, on a CPL an IR, a PPL or class or type rating course, at least 3 hours of flight instruction under supervision of an FI, a CRI(A), an IRI or a TRI nominated by the ATO date _____

including at least 1 hour of flight instruction that is supervised by an FIE in the appropriate aircraft category.

See bellow box for CAAT use only

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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

STI(A)_____Date: _____

☐ **Enclose supervision Form**