Application Form for FI(A) to conduct flight instruction for an FI(A), IRI(A), CRI, STI certificate

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 license to be sent to ☐ company ☐ applicant

Summary of requirements for a FI(A) to conduct flight instruction for an FI(A), IRI,(A), CRI, STI certificate

a) Fi(A) certificate number: _____ valid until:_____

In addition, to conduct flight instruction for an IRI certificate:

Hold an: IR/SE ☐ or/and IR/ME ☐as relevant valid until:_____

Hold a FI(A) with extension to instruct IR on: IR/SE ☐ or/and IR/ME ☐as relevant

valid until:_____

In addition, to conduct flight instruction for a CRI certificate:

Hold a: single engine aeroplane class rating

☐ SE Class rating:_____ valid until:_____

or/and as relevant

☐ Multi engine aeroplane class or type rating except SP/HPAC

SP ME Class/type rating:_____ valid until:_____

In this case, hold a FI(A) with extension to instruct Multi engine aeroplane class or type rating except SP/HPAC

valid until:_____

b) For which certificate, the flight instruction is intended to be conducted: ☐ FI ☐ IRI ☐ CRI ☐ STI

c) Meet all the following conditions:

- 500 hours of flight instruction in the aeroplane category: Hours:_____
- FI training course or additional dedicated training has included to the satisfaction of ATO HT: exercise 11a) and b) of the FI training course, including long briefings (according AMC1 FCL930.FI A. Part 2) date:_____
  (Enclose copy of course confirmation)
- Have passed an assessment of competence (AoC) in accordance with point FCL.935 in the aeroplane category to demonstrate to a flight instructor examiner (FIE) the ability to instruct for the relevant instructor certificate
  See box for CAAT use only

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

Data confirmed by ATO

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licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.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

Has passed an assessment of competence in accordance with FCL.935

to the relevant instructor certificate ☐ FI ☐ IRI ☐ CRI ☐ STI

Name of Examiner (FIE)_____

Date: _____ Signature _____

☐ **enclose AoC report form**