CAAT
สำนักงานการบินพลเรือนแห่งประเทศไทย
The Civil Aviation Authority of Thailand

Application Form for FI(A) Night

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 EXTENSION: FI(A) PRIVILEGES - NIGHT INSTRUCTION *(Items marked with (*) are mandatory)*

No.	Applicant Declaration				Supporting Document
1*	This extension is applied:	☐ while holding a valid FI(A) certificate ☐ as part of my initial FI(A) application (Skip to Item 2)			
	Valid Instructor Certificate		FIC No.:		A copy of FIC (1)
2*	☐	hold **valid Instrument Rating**	Valid Until:		A copy of a valid license and its associated ratings
	OR				
	☐	hold **valid Night Rating** or qualified for night flying	Valid Until:		
	☐	complies with the night experience requirement of FCL.060(b)(2): has carried out in the preceding 90 days at least **1 take-off, approach and landing at night as a pilot flying** in an aircraft of the same type or class or an FFS representing that type or class:	Date of Flight:		A copy of pilot logbook (2)
3*	FI training course to provide night instruction, conducted by an ATO approved in accordance with AMC1 FCL.930.FI(A), Part 2.				
	exercise 19 of the FI training course **conducted at night**, including long briefing		Date of Flight:		A copy of pilot logbook (2) Training Record (3)
	exercise 20 of the FI training course **conducted at night**, including long briefing		Date of Flight:		
4*	Demonstration of the ability to instruct at night to a qualified FI in accordance with FCL.905.FI(j) (Please fill declaration on the next page)		Date of Flight:		A copy of pilot logbook (2)

(1) FIC – Flight Instructor Certificate

(2) Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

(3) Training Record indicating satisfactory completion of Exercises 19 and 20 of the FI(A) training course.

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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:			

INSTRUCTOR	**(To be completed by the instructor who observed the night instruction demonstration)** **By signing this form, I declare:** • that I have assessed the applicant and found him/her suitably qualified to conduct night instruction safely and competently.

Instructor Name:			
Instructor Certificate No.:		**License No.:**	
Signed at (City, Country):		**Date of Signature:**	
Instructor Signature:			

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 prerequisite instructor qualifications required by CAAT have been verified and are correct. • the information declared is consistent with the applicant's employment and operational records maintained by the AOC/ATO; • 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:			

CAUTION

– THE NEXT PAGE MUST BE COMPLETED AND SIGNED BY THE APPLICANT –

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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:	