Application Form for TRI (H) Initial

Ref. of Payment
N/A

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

Summary of requirements for the issue of TRI(H):

Type of valid Licences ☐PPL ☐CPL ☐ATPL
Type Rating **which the TRI(H) certificate is sought**:_____ valid until:_____

Requirements	Enclosed Evidence (For Applicant)		Compliant (For CAAT)		
	YES	NO	YES	NO	N/A
Please mark "X" in the box corresponding to your selection.					
TCAR PEL Part FCL instructor certificate applied for:					
☐ **TRI(H)** certificate **for single-pilot single-engine** helicopters, either: • Have completed 250 hours as a pilot on helicopters *(FCL.915.TRI TRI Prerequisites)(d)(1)(i)* Hours as Pilot on helicopter: _____ or • Hold an FI(H) certificate. *(FCL.915.TRI TRI Prerequisites)(d)(1)(ii)* (Enclose valid FI(H) certificate) FIC No.: _____					

Requirements	Enclosed Evidence (For Applicant)		Compliant (For CAAT)		
	YES	NO	YES	NO	N/A
Valid Until: _____					
☐ **TRI(H)** certificate **for single-pilot multi-engine** helicopters, either: • Have completed 500 hours as pilot on helicopters, including 100 hours as PIC on single-pilot multi-engine helicopters *(FCL.915.TRI TRI Prerequisites)(d)(2)(i)* Hours as pilot on helicopters: _____ Hours as PIC on single-pilot multi-engine helicopters : _____ or • Hold an FI(H) certificate and have completed hours of flight time as a pilot in multi-engine helicopters *(FCL.915.TRI TRI Prerequisites)(d)(2)(ii)* Hours as pilot in multi-engine helicopters: _____					
☐ **TRI(H)** certificate **for multi-pilot helicopters**, • Have completed 1,000 hours of flight time as a pilot on helicopters, *(FCL.915.TRI TRI Prerequisites)(d)(3)* Hours as Pilot on helicopters: _____ and have either: • 350 hours as a pilot in multi-pilot operations on any aircraft category; *(FCL.915.TRI TRI Prerequisites)(d)(3)(i)* Hours as pilot in multi-pilot operations: _____ or • 100 hours of flight time as a pilot in multi-pilot operations on the type for which the TRI(H) certificate is sought *(FCL.915.TRI TRI Prerequisites)(d)(3)(ii)* Hours as pilot in multi-pilot operations on the type : _____					
Training Course Requirement					

Requirements	Enclosed Evidence (For Applicant)		Compliant (For CAAT)		
	YES	NO	YES	NO	N/A
The TRI training course shall include: *(FCL 930.TRI(a)(1)(2)(3))* (1) 25 hours of teaching and learning (2) 10 hours of technical training (3) 5 hours of flight instruction on the appropriate aircraft or an FSTD representing that aircraft for single-pilot aircraft and 10 hours for multi-pilot aircraft or an FSTD representing that aircraft. (enclose copy of course confirmation) Date of completion: _____ (Optional) In case of applicants holding or having held an instructor certificate propose for fully credited towards the requirement of teaching and learning *(FCL 930.TRI(b))* (enclose valid instructor certificate) FIC No.: _____ Valid Until: _____ or • In case of applicant for a TRI certificate who holds a SFI certificate for the relevant type and propose for credit towards TRI training requirement: (1) *(FCL930 TRI(c))* (2) (enclose valid SFI certificate) (3) FIC No.: _____ Valid Until: _____					
Evidence of Passed License Proficiency Check (LPC) *(FCL.915.TRI, TRI Prerequisites(a))* Pass date: _____					
*** **A copy of the last logbook pages(flight experience & STD pages) shall be attached to this application.**					

Data confirmed by ATO

ATO name: _____ Registration number: _____

Name of Head of Training: _____ Licence number: _____

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

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: _____