Application Form for FI(B) Initial Application

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 THE ISSUE OF A FI(B) *(Items marked with (*) are mandatory)*

No.	Applicant Declaration			Supporting Document
1*	My license has been converted to a TCAR PEL Part FCL License	☐Yes ☐No **(If yes, skip to item 2)**		
	For non-converted applicants, or are in the process of conversion, pass **License Proficiency Check (LPC)**	LPC Date:		Completed LPC Result Form
2*	Valid **Balloon Pilot License (BPL)**	Valid Until:		A copy of a valid license and its associated ratings A copy of pilot logbook [1]
3*	have completed **75 hours of balloon** flight time **as PIC**	Hours:		
	Class and group of balloon which flight instruction will be given			
	at least **15 hours** have to be in the class mentioned above	Hours:		
4*	Passed pre-entry flight test within **6 months** prior start of course	Date of Flight:		Flight Test Record [2]
5*	**FI(B)** Course Starting Date	Date:		Training Record [3]
6*	Completed an approved **FI(B)** course at an ATO	Date:		Certificate [4]
	Credit for **25 hrs of teaching and learning** (if applicable, for another instructor certificate held)	☐ **Yes** ☐ **N/A**		Instructor certificate held [5]

[1] Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

[2] Flight Test Record, which may be an internal form issued and maintained by the ATO or recorded in the pilot logbook.

[3] Training Record indicating the course commencement date, or other documentation issued by the ATO confirming the first day of training.

[4] Course Completion Certificate indicating the course name, applicant's name, and date of completion.

[5] Instructor certificate held must be issued or accepted by the Civil Aviation Authority of Thailand (CAAT).

To instruct in other classes and groups of balloons: ☐ Yes ☐ N/A				
7	Class and group of balloon which flight instruction will be given.			A copy of a valid license and its associated ratings
	☐ at least 15 hours have to be in the class mentioned above	Hours:		
	OR			
	☐ Assessment of competence on the class of balloon which flight instruction will be given.			
To instruct Night Rating for Balloons: ☐ Yes ☐ N/A				
8	hold **valid Night Rating**	Valid Until:		A copy of a valid license and its associated ratings
9	FI training course to provide night instruction, conducted by an ATO approved in accordance with AMC2 FCL.930.FI(B), Part 2.			
	exercise 18 of the FI training course **conducted at night**, including long briefing	Date of Flight:		A copy of pilot logbook [1] Training Record [2]
10	Demonstration of the ability to instruct at night to a qualified FI in accordance with FCL.905.FI(j) (Declaration on the next page)	Date of Flight:		
To instruct Tethered Flights on Hot-Air Balloons: ☐ Yes ☐ N/A				
11	has completed at least two tethered hot-air balloon instructional flights	Date of Flight:		A copy of pilot logbook [1] Training Record [2]
		Date of Flight:		
	exercise 17 of the FI training course covers tethered flight, including long briefing	Date of Flight:		

[1] Certified true copy of the pilot logbook demonstrating the relevant experience required for each item.

[2] Training Record indicating satisfactory completion of Exercises 17 and/or Exercises 18 of the FI(B) training course.

Application Form for FI(B) Initial Application

ASSESSMENT OF COMPETENCE REQUEST

Proposed Examiner: ☐ **Yes** ☐ **N/A**

Name of Examiner Requested:			
Examiner Certificate No.:		**Certificate Expiry Date:**	
Proposed Date of Assessment:			

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:			

I am seeking the privileges for night instruction: ☐ **Yes** ☐ **N/A**

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:			

Application Form for FI(B) Initial Application

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. • I understand that to retain the privilege to instruct tethered flights, I must have completed at least one tethered hot-air balloon flight within the preceding 48 months. Otherwise, I am required to perform a tethered flight either dual or solo under the supervision of an FI(B). • The restricted privileges laid down in FCL.910.FI will be applied accordingly

Name:	
Date of Signature:	
Signed at (City, Country):	
Signature of Applicant:	