



TRI SP(A) initial application

Application form

Applicant's Licence Nr.

Applicant : Last name: _____ First name: _____ Date of birth: _____

Private address: Street: _____

Postal code: _____ City: _____ Country: _____

Phone home: _____ Phone office _____ E-mail: _____

Employed as pilot _____ Company Name: _____

Invoice and licence to be sent to company applicant Signature of applicant

Summary of requirements for the issue of a TRI SP(A)

Type of License CPL ATPL rating _____ valid until: _____

Teaching and learning course completed (FCL 930.TRI (a) (1))..... date _____

Enclose copy of confirmation

Further requirements

a) 500 hours flight time as a pilot on aeroplanes

incl. 30 hours as PIC on the applicable type hours _____

or hold or have held a FI(A) certificate with privileges to instruct multi engine and IR

b) Completed within 12 month preceding the application 30 route sectors incl. take-offs and

landings as PIC on the applicable type, aircraft sectors: _____

of which 15 sectors may be completed in a FFS representing the type FFS sectors: _____

c) Completed an approved course at an ATO date _____

including at least 5 hours flight instruction on the appropriate aircraft or FFS hours: _____

Enclose copy of course confirmation

d) Completed an Assessment of Competence as TRI MPA , enclose FOCA Form 60.722

on aircraft on simulator, TRI restricted to simulators only date: _____

e) To conduct flight instruction in multi-pilot operations

hold or have held a TRI certificate for multi-pilot aeroplanes, valid until: _____

or have completed all of the following:

1. at least 500 hours as pilots in multi-pilot operations on aeroplanes hours: _____

2. the training course for an MCCI in accordance with point FCL.930.MCCI 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 no: _____
 Name of Head of Training: _____ Licence no: _____
 Location & date: _____ Signature of Head of Training: _____

FOCA internal use only:
 TRI SP(A) MP OPS SP OPS validity date: _____ TR: _____ date: _____
 TRI SP(A) restricted MP OPS SP OPS validity date: _____ TR: _____
 with privileges: for conducting in the aircraft TRI/r LIFUS TRI/r LT TRI/r LIFUS LT visum: _____