



**STI (A)
Revalidation/ Renewal**

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 by _____ Company Name: _____

Invoice and licence to be sent to company applicant

Signature of applicant

Expiry date of STI(A) certificate: _____

For Revalidation of a valid STI(A) certificate, the holder shall, within the period of 12 months immediately preceding the expiry date of the STI certificate, fulfil the requirements 1) and 2) below:

For Renewal of a FTI (A) certificate, the applicant shall within the period of 12 months immediately preceding the application for the renewal fulfil the requirement 2),3) and 4) below:

1) conducted at least 3 hours of flight instruction in an FSTD, as part of a complete CPL, IR, PPL or class or type rating course..... hours: _____

2) have passed in the FSTD on which flight instruction is conducted, the applicable sections of the proficiency check in accordance with Appendix 9 for the appropriate class or type of aircraft..... date: _____

For STIs(A) instructing on BITDs only, the prof. check shall include the exercises appropriate for a skill test for the issue of a PPL(A) only.

3) Refresher training as an STI at an ATO date: _____

Enclose copy of refresher training certificate

4) conduct, in the relevant aircraft category, on a complete CPL, IR, PPL or class or type rating course, at least 3 hours of flight instruction under the supervision of an FI, a CRI, an IRI or a TRI nominated by the ATO date _____

including at least 1 hour of flight instruction supervised by a flight instructor examiner (FIE)..... date: _____

name of FIE(A): _____ signature: _____

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:	
STI(A) validity date: _____	date: _____
Remarks: _____	visum: _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

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**Instructor Assessment according
FCL.920**

Applicant's EASA licence number:

Applicant

last name:

first name:

Competence	Factual Assessment
Prepare resources	
Create a climate conducive to learning	
Present knowledge	
Integrate Threat and Error Management (TEM) and crew resource management	
Manage time to achieve training objectives	
Facilitate learning	
Assess trainee performance	
Monitor and review progress	
Evaluate training sessions	
Report outcome	

Assessment:

satisfactory

unsatisfactory

Remarks:

Assessment conducted by:

name:

license No:

date:

signature: