



**STI(H)  
Initial Application**

Applicant's licence number:

**Applicant** last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_  
 post code: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_  
 phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_

e-mail: \_\_\_\_\_ signature of applicant: \_\_\_\_\_

Employed as pilot by: \_\_\_\_\_  company internal invoice to :  applicant  company

**STI (H) application on helicopter type:** \_\_\_\_\_

**Summary of conditions and flight experience:**

- a) hold or have held a PPL CPL or ATPL in the appropriate aircraft category ( within 3 years prior to the application)  issue date: \_\_\_\_\_  
 and
- b) instructional privileges appropriate to the courses on which instruction is intended  issue date: \_\_\_\_\_
- c) have completed the FFS content of the applicable TRI course  date: \_\_\_\_\_
- d) have completed in an FNPT the relevant proficiency check for a type rating within a period of 12 months preceding the application ; and  date: \_\_\_\_\_
- e) have completed at least 1 hour of flight time as an observer on the flight deck of the applicable type of helicopter, within the 12 months preceding the application  date: \_\_\_\_\_
- f) successfully completed an approved STI course in an ATO, (enclose the certificate)  date: \_\_\_\_\_
- g) assessment of the applicant's competence described in FCL.920  date: \_\_\_\_\_

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this form.

<b>Data confirmed by ATO:</b>	
name: _____	registration number: _____
name of Head of Training: _____	Licence number: _____
signature of Head of Training: _____	location and date: _____

FOCA internal use only:		
STI (H) validity date: _____	TR: _____	date: _____
Remarks: _____	visum: _____	