



**STI(A)
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 (A) application on aeroplane class/type: _____

Summary of conditions and flight experience:

- a) hold or have held within the 3 years prior to the application a pilot licence and
 instructional privileges appropriate to the courses on which instruction is intended issue date: _____
- b) have completed the FFS content of the applicable TRI course date: _____
- c) have completed in an FNPT the relevant proficiency check for a class/type rating within
 a period of 12 months preceding the application; and date: _____
- d) have completed at least 1 hour of flight time as an observer on the flight deck of the
 applicable class/ type of aeroplane, within the 12 months preceding the application date: _____
- e) successfully completed an approved STI course in an ATO, (enclose the certificate) date: _____
- f) 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.

Data confirmed by ATO:	
name:	registration number:
name of Head of Training:	Licence number:
signature of Head of Training:	location and date:

<small>FOCA internal use only:</small>		
STI (A) validity date:	TR:	date:
Remarks:	visum:	



**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: