



**SFI MP(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

**SFI MP (A) application on aircraft type:** \_\_\_\_\_

**Summary of conditions and flight experience:**

- a) hold or have held a CPL, MPL or ATPL in the appropriate aircraft category;  issue date: \_\_\_\_\_
- b) have at least 1 500 hours flight time as a pilot on multi-pilot aeroplanes  hours: \_\_\_\_\_
- c) have completed the FSTD content of the applicable type rating course  date: \_\_\_\_\_
- d) have completed the proficiency check for the issue of the specific aircraft type rating in an FFS  date: \_\_\_\_\_  
 representing the applicable type, within the 12 months preceding the application; and
- e) have completed, as a pilot or as an observer, within 12 months preceding the application,  date(s): \_\_\_\_\_  
 at least:
  - (i) 3 route sectors on the flight deck of the applicable aircraft type; or sectors: \_\_\_\_\_
  - (ii) 2 line-orientated flight training-based simulator sessions conducted by qualified flight crew sessions: \_\_\_\_\_  
 on the flight deck of the applicable type. These simulator sessions shall include 2 flights  
 of at least 2 hours each between 2 different aerodromes
- f) have completed an approved TRI course at an ATO, including 25 HR teaching and learning,  date: \_\_\_\_\_  
 10 HR of technical training and at least 10 HR flight instruction on the appropriate aircraft or FFS
- g) have passed an assessment of competence in accordance with FCL.935  date: \_\_\_\_\_

**Enclose FOCA Form 60.722**

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this form. Please make sure you note your licence number and signature at the bottom of each page.

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

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