



**SFI / TRI (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:** _____

Company address: Street _____

Postal code: _____ City: _____ Country: _____

Invoice and licence to be sent to company applicant

Signature of applicant

Expiry date of TRI/SFI(A) certificate: _____ **Type Rating(s):** _____

Date of last assessment of competence: _____

For at least each alternate revalidation of a TRI/SFI certificate, holders shall pass the assessment of competence in accordance with point FCL.935.

TRI Revalidation: the holder shall within the **12 months** preceding the application fulfil **2** of the requirements **1, 2 or 3** below.

TRI Renewal: the holder shall within the **12 months** preceding the application fulfil the requirements **1, 4, and 5** below:

SFI Revalidation the holder shall before the expiry date of the SFI certificate fulfil **2** of the requirements **1, 2 or 6 and 7** below

SFI Renewal: the holder shall within the **12 months** preceding the application fulfil the requirements **1, 5, 7**.

TRI and additional SFI entry in licence

1. pass an assessment of competence acc. FCL.935 (enclose form 60.722)..... date: _____
2. instructor refresher training as TRI/ SFI at an ATO acc. AMC1 FCL.940.TRI(a) (enclose confirmation).. date: _____
3. conduct on a complete TR course at least 3 hours simulator training or date: _____
 1 hour air exercise with min. 2 take-offs and 2 landings hours: _____
4. complete 30 route sectors on the applicable type, sectors acft.: _____
of which not more than 15 sectors on a FFS sectors sim.: _____
5. a renewal seminar at an ATO with the content acc. AMC1 FCL.940.TRI(b)(1)(2)(3) (enclose confirmation) ... date: _____
6. complete 50 hours as an instructor or an examiner in FSTDs, of which at least 15 hours
shall be within the 12 months preceding the expiry date of the SFI certificate..... date: _____
7. the applicant shall have completed, on an FFS, the skill test/ prof. check for the issue of the
specific aircraft type rating representing the types for which privileges are sought..... date: _____

Data confirmed by ATO (or enclose copies of the relevant pages of logbook) if needed
ATO name: _____ **Registration no:** _____
Name of Head of Training: _____ **Licence no:** _____
Location & date: _____ **Signature of Head of Training:** _____

FOCA internal use only:
SFI validity date: _____ **type:** _____ **date:** _____
TRI validity date: _____ **type:** _____
 MPA SPA **Remarks:** _____ **visum:** _____