



**TRI (H) MPH Type  
Extension**

Applicant's licence number:

**Applicant** last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_  
 private address: postcode: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_  
 phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_  
 e-mail: \_\_\_\_\_ signature of applicant: \_\_\_\_\_  
 Helicopter flight hours: \_\_\_\_\_ PIC hours: \_\_\_\_\_ Copi hours: \_\_\_\_\_ IFR total hours: \_\_\_\_\_ Simulator hours: \_\_\_\_\_  
 Employed as pilot by: \_\_\_\_\_ Invoice to be sent to:  applicant  company

**TRI(H) application on Multi-Pilot helicopter Type :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of conditions and flying experience**

- a) Licence CPL(H) or ATPL(H) valid until: \_\_\_\_\_
- b) TRI (H) valid until: \_\_\_\_\_
- c) EASA Medical  Class 1  Class 2 valid until: \_\_\_\_\_
- d) Technical course (TRI) on the applicable type of helicopter date: \_\_\_\_\_
- e) Minimum 2 hours of flight instruction on the applicable type, under the supervision of an adequately qualified TRI and: hours: \_\_\_\_\_
- f) Copy of logbook (relevant pages)
- g) Form 61.722 (assessment of competence AMC1 FCL.935)
- a) Minimum 1000 hours as pilot of helicopters hours: \_\_\_\_\_
- b) Including 350 hours as pilot on multi-pilot helicopters or 100 hours in multi-pilot operations if TRI on this type on SPH hours: \_\_\_\_\_

FOCA internal use only:	
<input type="checkbox"/> TRI(H) Multi-Pilot new type :	date: _____
Remarks :	visum: _____