

**STI SP (H)
Revalidation / Renewal**

Applicant's licence number:

Applicant last name: _____ first name: _____ date of birth: _____
place of birth: _____ place of origin: _____ nationality: _____
private address: postal code: _____ city: _____ street: _____
phone/fax home: _____ phone/fax office: _____

e-mail: _____

signature of applicant: _____

Employed as pilot by: _____ company internal invoice to: applicant company

Expiry date of STI (H) certificate: _____

Date of last proficiency check: _____

For revalidation of an STI (H) certificate, the applicant shall, within the last 12 months of the validity period of the STI certificate, fulfil the requirements 1) and 2) below :

1) conducted at least 3 hours of flight instruction in an FFS or FNPT II/III or BITD, as part of a complete CPL, IR, PPL or type rating course; and hours: _____

2) passed in FFS, FTD 2/3 or FNPT II/III a proficiency check acc. FCL940 STI (a) (2) for the appropriate type of aircraft. (enclose form 61.525) date: _____

For Renewal of a STI (H) certificate, the applicant shall fulfil the requirements 3), 4), 5) and 6) below:

3) receive refresher training as an STI at an ATO date: _____

4) passed in FFS, FTD 2/3 or FNPT II/III a proficiency check acc. FCL940 STI (b) (2) for the appropriate type of aircraft. (enclose form 61.525) date: _____

5) conduct on a complete CPL, IR, PPL or type rating course, at least 3 hours of flight instruction under supervision of an FI, IRI, TRI nominated by the ATO date: _____

6) conduct at least 1 hours of flight instruction on supervision by an FIE. date: _____

name of FIE: _____

signature of FIE: _____

Data confirmed by ATO:

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: _____	type: _____	date: _____
		visum: _____