



**Type Rating Instructor
Initial Application (SPH ME)**

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 (AOC/FOM holder) _____ Invoice to be sent to: applicant company

TRI(H) application on helicopter type: _____ **Date:** _____

Details of conditions and flying experience

- a) Licence CPL(H) or ATPL(H) date of issue: _____
- b) IR (H) multi-engine helicopter (if applicable) valid until: _____
- c) EASA Medical class 1 or 2 with or without IR valid until: _____
- d) flight experience (MNM 500 HR as pilot on helicopters) hours: _____
- e) flight experience on multi-engine helicopters (MNM 100 HR as PIC) hours: _____
- f) flight experience as pilot on type (MNM 15 hrs) hours: _____
- g) Successfully completed an approved TRI course at an approved ATO Date: _____
- h) assessment of competence if < 15 hours on type (copy) Date: _____

Instructor <small>required</small>	last name: _____	first name: _____
licence number: _____	signature of flight instructor: _____	
ATO <small>required</small>	name: _____	registration number: _____
name of chief flight instructor: _____	licence number: _____	
location & date: _____	signature of chief flight instructor: _____	

<small>FOCA internal use only:</small>		
<input type="checkbox"/> 251 TRI(H) validity date: _____	type: _____	date: _____
visum: _____		