

**SFI 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 SFI SP(H) certificate:** \_\_\_\_\_    **Date of last assessment of competence:** \_\_\_\_\_

**For revalidation of an SFI certificate** the applicant shall, within the validity period of the SFI certificate, fulfil 2 of the following 3 requirements:

Note: For each alternate SFI SP(H) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

- 1) 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    hours: \_\_\_\_\_  
last 12 months: \_\_\_\_\_
- 2) receive instructor refresher training as a SFI at an ATO (enclose confirmation)    date: \_\_\_\_\_
- 3) pass an assessment of competence acc. FCL.935 (enclose form 61.722)    date: \_\_\_\_\_

**Additionally,**

- the applicant shall have completed, on an FFS, the proficiency checks for the issue of the specific aircraft type ratings representing the types for which privileges are held.    date: \_\_\_\_\_

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

- 4) receive instructor refresher training as an SFI at an ATO    date: \_\_\_\_\_
- 5) complete the relevant parts of an SFI course at an approved ATO    date: \_\_\_\_\_
- 6) pass an assessment of competence acc. FCL.935 (enclose form 61.722)    date: \_\_\_\_\_

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

FOCA internal use only:		
SFI SP(H) validity date: _____	type: _____	date: _____
		visum: _____