



TRI SP(A) Type Extension

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:** _____

Invoice and licence to be sent to company applicant

Signature of applicant

TRI(A) application for aircraft type:

MP OPS SP OPS

Recapitulation of conditions and flying experience

- a) Type of Licence CPL ATPL
- b) Medical class1 class 2 IR valid until: _____
- c) TRI SP(A) valid until: _____
- d) Total flight experience as instructor hours: _____
- e) Minimum 15 hours total time as pilot on the applicable class or type hours: _____
of which a maximum of 7 hours may be on an FSTD hours: _____
- f) Within the last 12 months:
Min. 15 route sectors incl. landings and take-offs on the applicable type sectors: _____
of which 7 may be completed in a FFS sectors: _____
completed the technical training and flight instruction parts of the relevant TRI course
- g) (enclose course confirmation) date: _____
- h) passed the relevant sections of the assessment of competence (enclose form 60.722) date: _____
- i) To conduct flight instruction in multi-pilot operations
hold or have held a TRI certificate for multi-pilot aeroplanes valid until: _____
or
have completed all of the following:
1. at least 500 hours as pilots in multi-pilot operations on aeroplanes hours: _____
2. the training course for an MCCI in accordance with point FCL.930.MCCI date: _____

Copies of logbook showing the required flight experience must be attached to this form

FOCA internal use only:
 TRI SP(A) new class / type : _____ date: _____
 MP OPS SP OPS Remarks: _____ visum: _____