



**TRE SPA
type extension**

Applicant's licence number:

Applicant Last name: _____ First name: _____ Date of birth: _____

Place of birth: _____ Place of origin: _____ Nationality: _____

Postal code: _____ City: _____ Street: _____

Phone/fax home: _____ Phone/fax office: _____

E-mail: _____ Signature of applicant:

Employed as pilot by (AOC holder): _____ Invoice to be sent to: applicant company

Examiner application for aircraft type: _____

Summary of conditions and instructor experience

Valid Instructor rating:	Flight Instructor experience:	
	total	h
<input type="checkbox"/> TRI SPA		h
<input type="checkbox"/>		h
<input type="checkbox"/>		h

Current Examiner Authorisation:

TRE SPA type: _____ valid until: _____

Attached:

- Form 67.030 (Supervision Report)
- Copies of the relevant logbook pages

ATO/Operator/Manufacturer name: _____ Registration number: _____

CCE/NPCT/HT name: _____ Function: _____

Location & date: _____ Signature: _____

FOCA internal use only

TRE SPA validity date: _____ Type: _____

Remark: _____ Date: _____ Name: _____