



**TRI MP(A) type- or TRI(r)
extensions**

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): _____

Company address: _____

Invoice and licence to be send to company applicant

Signature of applicant

Type extension

Application for aircraft type: _____ date: _____

Summary of conditions and flying experience

- a) Type of License: CPL or ATPL
- b) TRI MP(A) valid until: _____
- c) EASA Medical class 1 class 2 valid until: _____
- d) **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: _____
(enclose copies of the relevant pages of logbook)
- e) completed the technical training and flight instruction parts of therelevant TRI course **(enclose course confirmation)** date: _____
- f) passed the relevant sections of the assessment of competence **(enclose form 60.722)** date: _____

TRI(r) extension

TRI(r) extended to the following privileges according company approved syllabus **(enclose training confirmation)**:

- TRI(r) LIFUS
- TRI(r) LT
- TRI(r) LIFUS LT
- TRI unrestricted **(enclose form 60.722)**

FOCA internal use only:

TRI MP(A) validity date: _____ TR: _____ date: _____

TRI MP(A) restricted validity date: _____ TR: _____

with privileges: for conducting in the aircraft TRI(r) LIFUS TRI(r) LT TRI(r) LIFUS LT visum: _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

Version	ISS 01 REV 01 / 23.11.2020	Prepared by	SBFP / pah	Released by	SL SBFP, 23.11.2020
Business object	BAZL-341.301.-1	Revised by	SBFP / hup	Distribution	Internal / External