

**Swiss Confederation** 

Federal Department of the Environment, Transport, Energy and Communications DETEC

Federal Office of Civil Aviation FOCA

Safety - Division Flight Personnel 3003 Bern

TRI SP (H) Revalidation / Renewal		Applicant's lic	cence number:
Applicant	last name:	first name:	date of birth:
place of birth	: place	of origin:	nationality:
post code:	city:	street:	
phone/fax ho	me:	phone/fax office:	
e-mail:		signature of applicant:	
Employed as	pilot by:	company internal	invoice to : $\square$ applicant $\square$ company
Expiry date of TRI(H) certificate: Date of last TRI(H) assessment of competence:			
Additional p	rivileges held to instruct for:		
For Revalidation of a TRI SP (H) certificate, the holder shall fulfil 2 of the requirements 1), 2) or 3) below: For at least each alternate TRI SP(H) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935			
<b>1</b> )	instructional privileges are held	truction on each of the type of airco d or in FSTD representing those ty n the 12 months preceding the exp	pe of wich
<b>2</b> )	receive instructor refresher train	ining as a TRI at an ATO <b>(enclose</b>	e confirmation) date:
□ 3)	pass an assessment of compe	etence acc. FCL.935 (enclose for	rm 61.722) date:
☐ For Renewal of a TRI SP (H) certificate, the applicant shall fulfil the requirements 4) and 5) below:			
4)	receive instructor refresher trait the relevant element of the TR	ining as TRI at an ATO, which sho I training cours; and	ould cover date:
5)		etence in acc. with FCL.935 in eac al of the instructional privileges is s	
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Data confirmed by ATO (or enclose copies of the relevant pages of logbook)			
name:		registratio	on number:
name of chie	f flight instructor:	licence no	number:
signature of chief flight instructor: location and date:			and date:
FOCA internal us	e only:		
TRI SP (H) v		type:	date:
Remarks:			visum: