



**FI (A)
Revalidation/ Renewal**

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

Expiry date of FI(A) certificate: _____ **Date of last FI(A) assessment of competence:** _____

For Revalidation of a FI (A) certificate, the holder shall fulfil 2 of the requirements 1), 2) or 3) below:

For at least each alternate FI (A) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

For Renewal of a FI (A) certificate, the holder shall within a period of 12 months before the application fulfill the requirements 2) and 3) below:

1. (a) 50 h as FI, CRI, IRI, TRI, MI or examiner during the period of validity of the FI(A) rating, hours: _____
of which

(b) 10 h IR instruction within 12 months preceding the expiry date of the FI(A) rating. hours: _____
(1b applicable only if the privilege to instruct for IR is to be revalidated)

2. complete instructor refresher training as an FI at an ATO or at the competent authority. date: _____
Enclose copy of course confirmation

3. pass an assessment of competence acc. FCL.935 within 12 months preceding the expiry date
of the FI(A) rating, in case of renewal, within 12 months before the application..... date: _____
Enclose form 60.722

Data confirmed by ATO (or enclose copies of the relevant pages of logbook)

ATO name: _____ **Registration no:** _____

Name of Head of Training: _____ **Licence no:** _____

Location & date: _____ **Signature of Head of Training:** _____

FOCA internal use only:
 FI(A) validity date: _____ **TR/CR:** _____ **date:** _____

Remarks: L P C S M I F MP AC ST BT NT **visum:** _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY