



**TRI MP(A) initial application**

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: Street \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Invoice and licence to be sent to  company  applicant

Signature of applicant

**Summary of requirements for the issue of a TRI MP(A)**

Type of License  CPL  ATPL rating \_\_\_\_\_ valid until: \_\_\_\_\_

Teaching and learning course completed (FCL 930.TRI (a) (1))..... date \_\_\_\_\_

Enclose copy of confirmation .....

**Further requirements**

a) 1500 hrs flight time as a pilot on multi-pilot aeroplanes..... hours \_\_\_\_\_

b) Completed within 12 month preceding the application 30 route sectors incl. take-offs and.....

landings as PIC or Co-pilot on the applicable type, ..... aircraft sectors: \_\_\_\_\_

of which 15 sectors may be completed in a FFS representing the type..... FFS sectors: \_\_\_\_\_

c) Completed an approved TRI course at an ATO, ..... date \_\_\_\_\_

incl. min. 25 hrs teaching and learning course (Part 1,) (credit for other Instr. Certificate held) ..... date \_\_\_\_\_

10 hrs of technical training (Part 2) and at least 10 hrs flight instruction (Part 3) on the appropriate

aircraft (TRI unrestricted) or FFS (TRI restricted) , **enclose copy of course content & confirmation**.....

incl. additional training for TRI LIFUS ( FCL.910 TRI (a)(1)), if applicable ..... date: \_\_\_\_\_

and/or

incl. additional training for TRI ldg training (FCL.910 TRI (a)(2)), if applicable ..... date: \_\_\_\_\_

d) Completed an Assessment of Competence as TRI MPA) , **enclose FOCA Form 60.722** .....

on aircraft (TRI unrestricted)..... date: \_\_\_\_\_

on simulator (TRI restricted)..... date: \_\_\_\_\_

**A copy of the last logbook pages (flight experience & STD pages) shall be attached to this application**

**Data confirmed by ATO**

ATO name: \_\_\_\_\_ Registration no: \_\_\_\_\_

Name of Head of Training: \_\_\_\_\_ Licence no: \_\_\_\_\_

Location & date: \_\_\_\_\_ Signature of Head of Training: \_\_\_\_\_

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: \_\_\_\_\_