



**TRE / SFE MP(A)
type extension**

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:

Valid instructor rating:

- TRI(A)
- TRI(A) (r)
- SFI(A)

Instructor experience:

total hours: _____
total hours: _____
total hours: _____

Examiner Authorisation:

- TRE(A) type: _____ valid until: _____
- SFE(A) type: _____ valid until: _____

Attached:

- form 67.930 (Examiner AoC)
- copies of the relevant logbook pages
- licence copy

ATO/Operator/Manufacturer name: _____ Registration no: _____

CCE/PHCT/ HT: _____ Licence no: _____

Location & date: _____ Signature: _____

FOCA internal use only:

TRE (A) validity date: _____ TR: _____ date: _____

SFE (A) validity date: _____ TR: _____

Remark: _____ visum: _____

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

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