



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

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

Federal Office of Civil Aviation FOCA

Safety – Division Flight Personnel
3003 Bern

**SFI (MPA)
Revalidation/ Renewal**

Applicant's licence number:

Applicant

Last name: _____ First name: _____ Date of birth: _____

Place of birth: _____ Place of origin: _____ Nationality: _____

Postal code: _____ City: _____ Street: _____

Phone/fax home: _____ Phone/fax office: _____

E-mail: _____ Signature of applicant: _____

Employed as pilot by (AOC holder): _____ Company internal

Invoice to be sent to: Applicant Company

Expiry date of SFI(MPA) certificate: _____ **Date of last assessment of competence:** _____

For revalidation of an SFI certificate the applicant shall, within the validity period of the SFI certificate, fulfil 2 of the following 3 requirements:

Note: for each alternate SFI(MPA) revalidation, the holder shall pass an assessment of competence acc. Part FCL.935

complete 50 hours as an instructor or an examiner in FSTDs, of which at least 15 hours shall be within the 12 months preceding the expiry date of the SFI certificate hours: _____

last 12 months: _____

receive instructor refresher training as an SFI at an ATO (enclose confirmation) date: _____

pass an assessment of competence acc. FCL.935 (enclose form 60.722) date: _____

For renewal of an SFI certificate the applicant shall, within the 12 months preceding the application, fulfil the requirements below:

complete the simulator content of the Type Rating training course date: _____

receive instructor refresher training as an SFI at an ATO (enclose confirmation) date: _____

pass an assessment of competence acc. FCL.935 (enclose form 60.722) date: _____

Additionally (for revalidation and for renewal),

the applicant shall have completed, on an FFS, the proficiency check for the issue of the specific aircraft type ratings representing the types for which privileges are sought date: _____

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:

SFI(MPA) validity date: _____ Type: _____ Date: _____

Remarks: _____ Visum: _____