



**TRI MP(A)
Initial application**

Applicant's licence number:

Applicant last name: _____ first name: _____ date of birth: _____

place of birth: _____ place of origin: _____ nationality: _____

post code: _____ city: _____ street: _____

phone/fax home: _____ phone/fax office: _____

e-mail: _____

signature of applicant: _____

Employed as pilot by: _____ company internal invoice to: applicant company

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

Pilot licence CPL ATPL TR: _____ rating valid until: _____

Teaching & learning course completed (FCL 930.TRI (a)(1)). **Enclose copy of course confirmation** date: _____

Further requirements

a) 1 500 hours 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 (TRI restricted) on the applicable type, of which 15 sectors may be completed in a FFS representing the type
aircraft sectors: _____

FFS sectors: _____

c) Completed an approved TRI course at an ATO, including teaching and learning course, 10 hours of technical training and at least 10 HR flight instruction on the appropriate aircraft or FFS date: _____

Enclose copy of course confirmation. hours: _____

d) Completed an Assessment of Competence as TRI MP (A). date: _____

Enclose FOCA Form 60.722

on aircraft on simulator, TRI restricted to simulators only

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this application. Please make sure you note your licence number and signature at the bottom of each page.

Data confirmed by ATO:	
ATO name: _____	registration number: _____
name of Head of Training: _____	licence number: _____
signature of Head of Training: _____	location and date: _____

FOCA internal use only:		
TRI MP(A) restricted validity date: _____	type: _____	date: _____
TRI MP(A) validity date: _____	type: _____	visum: _____