



**TRI MP(A)
Revalidation / Renewal**

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

Expiry date of TRI MP(A) rating: _____ **Date of last assessment of competence:** _____

Additional privileges held to instruct for: on aircraft on simulator
 TRI SP(A) FI(A)

For Revalidation of a TRI MP(A) rating, the holder shall, within the last 12 months preceding the expiry date of the certificate, fulfil one of the requirements 1), 2) or 3) below:

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

- 1) conduct on a complete TR course at least 3 hours simulator training or 1 hour air exercise with min. 2 take-offs and 2 landings hours: _____
- 2) receive instructor refresher training as a TRI at an ATO (**enclose confirmation**) date: _____
- 3) pass an assessment of competence acc. FCL.935 (**enclose form 60.722**) date: _____
 - on aircraft on simulator

For Renewal of a TRI MP(A) rating, the applicant shall fulfil the requirements 4), 5) and 6) below:

- 4) complete within 12 months preceding the application 30 route sectors on the applicable type, of which not more than 15 sectors on a simulator aircraft sectors: _____
FFS sectors: _____
- 5) complete the relevant parts of an TRI course at an approved ATO date: _____
- 6) conduct on a complete TR course at least 3 hours simulator training on the applicable type under the supervision of a TRI MP(A) date: _____

Data confirmed by 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: