



**TRI MP (A)
Type extension**

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: _____
 Total flight hours: _____ PIC hours: _____ Copi hours: _____ IFR total hours: _____ Simulator hours: _____
 Employed as pilot by: _____ Invoice to be sent to: applicant company

TRI MP(A) application for aircraft type: _____ **Date:** _____

Summary of conditions and flying experience

- a) Type of License CPL or ATPL (A): _____
- b) TRI MP(A) valid until: _____
- c) EASA Medical Class 1 Class 2 valid until: _____
- d) **Within the last 12 months:**
 Min. 15 route sectors incl. landings and take-offs on the applicable type sectors: _____
 of which 7 may be completed in a FFS sectors: _____
(enclose copies of the relevant pages of logbook)
- e) completed the technical training and flight instruction parts of the
 relevant TRI course **(enclose course confirmation)** date: _____
- f) passed the relevant sections of the assessment of competence date: _____
(enclose form 60.722)

FOCA internal use only:			
<input type="checkbox"/> TRI MP(A) validity date:	<input type="checkbox"/> restricted to simulator	TR: _____	date: _____
Remarks :			visum: _____