



**TRI SP (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(A) certificate: _____ **Date of last TRI(A) assessment of competence:** _____

Additional privileges held to instruct for:

- MP Ops (A) TRI MP (A)

For Revalidation of a TRI SP (A) certificate, the holder shall fulfil 1 of the requirements 1), 2) or 3) below:

For at least each alternate TRI SP (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: _____

For Renewal of a TRI SP (A) certificate, 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 sectors: _____
- 5) complete the relevant parts of an TRI course at an approved ATO (**enclose confirmation**) date: _____
- 6) conduct on a complete TR course at least 3 hours simulator training on the applicable type under the supervision of a TRI(A) (**enclose confirmation**) date: _____

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|---|----------------------------|
| Data confirmed by ATO (or enclose copies of the relevant pages of logbook) | |
| name: _____ | registration number: _____ |
| name of chief flight instructor: _____ | licence number: _____ |
| signature of chief flight instructor: _____ | location and date: _____ |

| | | |
|---------------------------------|--------------|-------------|
| FOCA internal use only: | | |
| TRI SP (A) validity date: _____ | type: _____ | date: _____ |
| Remarks: _____ | visum: _____ | |