



**TRI SP (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 SP (A) application for aircraft Type: _____ Date: _____

Recapitulation of conditions and flying experience

- a) Type of License CPL or ATPL (A): _____
- b) TRI SP (A) valid until: _____
- c) ~~OC~~CE Medical Class 1 Class 2 valid until: _____
- d) Min 15h of flight time on the applicable type, including max. 7 hours on a FSTD representing this type hours: _____
- e) **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: _____
- f) completed the technical training and flight instruction parts of the relevant TRI course (**enclose course confirmation**) date: _____
- g) passed the relevant sections of the assessment of competence (**enclose form 60.722**) date: _____

FOCA internal use only:		
<input type="checkbox"/> TRI(A) SP new type:	<input type="checkbox"/> simulator only	date: _____
Remarks :		visum: _____