



TRI SP(A) initial application

Application form

Applicant's Licence Nr. _____

Applicant : Last name: _____ First name: _____ Date of birth: _____

Private address: Street: _____

Postal code: _____ City: _____ Country: _____

Phone home: _____ Phone office: _____ E-mail: _____

Employed as pilot _____ **Company Name**: _____

Invoice and licence to be sent to ☐ company ☐ applicant

Signature of applicant

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

Type of License ☐ CPL ☐ ATPL rating _____ valid until: _____

Teaching and learning course completed (FCL 930.TRI (a) (1)). _____ date _____

Enclose copy of confirmation ☐

Further requirements

a) 500 hours flight time as a pilot on aeroplanes ☐

incl. 30 hours as PIC on the applicable type hours _____

or hold or have held a FI(A) certificate with privileges to instruct multi engine and IR ☐

b) Completed within 12 month preceding the application 30 route sectors incl. take-offs and ☐

landings as PIC on the applicable type, aircraft sectors: _____

of which 15 sectors may be completed in a FFS representing the type FFS sectors: _____

c) Completed an approved course at an ATO date _____

including at least 5 hours flight instruction on the appropriate aircraft or FFS hours: _____

Enclose copy of course confirmation ☐

d) Completed an Assessment of Competence as TRI MPA , **enclose FOCA Form 60.722** ☐

☐ on aircraft ☐ on simulator, TRI restricted to simulators only date: _____

e) To conduct flight instruction in multi-pilot operations

hold or have held a TRI certificate for multi-pilot aeroplanes, valid until: _____

or have completed all of the following:

1. at least 500 hours as pilots in multi-pilot operations on aeroplanes hours: _____

2. the training course for an MCCI in accordance with point FCL.930.MCCI date: _____

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this application.

Data confirmed by ATO

ATO name: _____ **Registration no**: _____

Name of Head of Training: _____ **Licence no**: _____

Location & date: _____ **Signature of Head of Training**: _____

FOCA internal use only:

☐ TRI SP(A) ☐ MP OPS ☐ SP OPS validity date: _____ **TR**: _____ **date**: _____

☐ TRI SP(A) restricted ☐ MP OPS ☐ SP OPS validity date: _____ **TR**: _____

with privileges: for conducting in the aircraft ☐ TRI/r LIFUS ☐ TRI/r LT ☐ TRI/r LIFUS LT **visum**: _____