

Federal Department of the Environment, Transport, Energy and Communications DETEC Federal Office of Civil Aviation FOCA Safety – Division Flight Personnel 3003 Bern

## TRI MP(A) type- or TRI(r) and SFI (A) extensions

Application form

and SFI (A) extensions		Applicant's Licence Nr.	
Applicant : Last name:	First name	e:	Date of birth:
Private address: Street:			
Postal code:	City:	Country:	
Phone:	E-mail:		
Employed as pilot by (company name):		-	
Company address:			
Invoice and licence to be send to	□ company □ applica	nt	
		Signat	ture of applicant
Type extension			
Application for aircraft type:		date:	
Summary of conditions and flying e	xperience		
a) Type of License:		□ CPL or □ ATPL	
b) TRI MP(A)		valid	d until:
c) EASA Medical		□ class 1 □ class 2 valid	d until:
Within the last 12 months			
d) passed the relevant sections of th (enclose form 60.723)	e assessment of competence	da	nte:
e) min. 15 route sectors incl. landing	s and take-offs on the applicable	e type se	ectors:
of which 7 may be completed in a FF (enclose copies of the relevant pa			
f) completed the technical training a			ectors:
(enclose course confirmation)			date:
☐ incl. TRI renewal: requirem	nents: d), g), h)	cl. TRI revalidation: requi	irements: d) and h) or i)
Summary of conditions and flying e	experience		
Within the last 12 months:			
g) min. 30 route sectors incl. landings and take-offs on the applicable type			ectors:
of which 15 may be completed in (enclose copies of the relevant		se	ectors:
h) Instructor □ renewal seminar / □			
			date:
<ul> <li>i) conduct on a complete TR course</li> <li>□ 3 hours simulator training or</li> </ul>			date:
(enclose copies of the relevant		iake one and 2 farialings	<u> </u>
TRI(r) extension / and addition	onal SFI entry in licence		
TRI(r) extended to the following privile			nfirmation):
☐ TRI(r) LIFUS ☐ TRI(r) LT	□ TRI(r) LIFUS LT □	TRI unrestricted (enclose form	n 60.723) 🔲 SFI
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FOCA internal use only:			
☐ TRI MP(A) validity date:			
☐ SFI MP(A) validity date:			
☐ TRI MP(A) restricted validity date:			
with privileges: for conducting in the	aircraft	☐ TRI(r) LT ☐ TRI(r) LIFUS	SLT visum:

ADMINISTRATIVE INFORMATION - FOR FOCA ONLY

send to: pel-inspector@bazl.admin.ch

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