

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) initial application

Application form

(. v)a. approacion				Applicant's Licence Nr.			's Licence Nr.	
∆nni	licant · I ast name·			First	name:			Date of birth:
	licant : Last name: ate address: Stree			THOS	name.			Date of birds.
	al code:	,t.	C	ity:			Country:	
				<u> </u>			E-mail:	
Empl	loyed as pilot by:		С	ompany Name:				
Com	ı pany address: St	reet						
Postal code:			С	City: Country:			Country:	
Invoice and licence to be send to				I company □ ap	plicant		0:	
Sun	nmarv of regu	irements	for the is	sue of a TRI M	P(A)		Signat	ture of applicant
	of License	□ CPL	☐ ATPL		• •			_valid until:
Teac	•	_		. , . ,,				date
			on					
Furti a)	her requirements 1500 hrs flight tin		on multi-pilo	t aeroplanes				hours
b)	Completed within 12 month preceding the application 30 route sectors incl. take-offs and							•
	landings as PIC or Co-pilot on the applicable type,							aircraft sectors:
	of which 15 sectors may be completed in a FFS representing the type							FFS sectors:
c)	Completed an ap	proved TRI o	ourse at an	ATO,				date
	incl. min. 25 hrs teaching and learning course (Part 1,) (credit for other Instr. Certificate held)							date
	10 hrs of technical training (Part 2) and at least 10 hrs flight instruction (Part 3) on the appropriate							
	aircraft (TRI unrestricted) or FFS (TRI restricted) , enclose copy of course content & confirmation .							🖸
	☐ incl. addi	tional trainino	g for TRI LIF	US (FCL.910 TRI	(a)(1)), if	applicable		date:
	and/or							
	incl. addition	onal training to	r TRI ldg tra	iining (FCL.910 TRI (a	a)(2)), if ap	plicable		date:
d)	Completed an As	sessment of	Competend	ce as TRI MPA) , e n	iclose F0	OCA Form 6	0.723	🗖
	□ on aircraft (TRI unrestricted)							date:
	□ on simulatror, (TRI restricted)							date:
A co	py of the last log	book pages	(flight expe	erience & STD pag	jes) shal	l be attached	d to this applica	ation
	ta confirmed by A O name:					R	egistration no:	
Naı	me of Head of Trai	ining:			Licence no:			
Location & date:								
	CA internal use only:							
				TR:				
								date:
	vith privileges: for a	-		TR:		TRI/r LT		