



**SFI / TRI (A)
Revalidation/ Renewal**

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 by:

Company Name:

Company address: Street

Postal code:

City:

Country:

Invoice and licence to be send to

company applicant

Signature of applicant

Expiry date of TRI/SFI(A) certificate: _____ **Type Rating(s):** _____

Date of last assessment of competence: _____

For at least each alternate revalidation of a TRI/SFI certificate, holders shall pass the assessment of competence in accordance with point FCL.935.

TRI Revalidation: the holder shall within the **12 months** preceding the expiry date fulfil **2** of the requirements **1, 2 or 3** below.

TRI Renewal: the holder shall within the **12 months** preceding the application fulfil the requirements **1, 4, and 5** below:

SFI Revalidation the holder shall before the expiry date of the SFI certificate fulfil **2** of the requirements **1, 2 or 6 and 7** below

SFI Renewal: the holder shall within the **12 months** preceding the application fulfil the requirements **1, 5, 7**.

TRI and additional SFI entry in licence

1. pass an assessment of competence acc. FCL.935 (enclose form 60.722 (SPA), 723 (MPA)).....date: _____
2. instructor refresher training as TRI/ SFI at an ATO acc. AMC1 FCL.940.TRI(a) (enclose confirmation)...date: _____
3. conduct on a complete TR course or recurrent training course at least

3 hours simulator training or 1 hour air exercise with min. 2 take-offs and 2 landingsdate: _____
.....hours: _____
4. complete 30 route sectors on the applicable type,sectors acft.: _____
of which not more than 15 sectors on a FFSsectors sim.: _____
5. a renewal seminar at an ATO with the content acc. AMC1 FCL.940.TRI(b)(1)(2)(3) (enclose confirmation)date: _____
6. complete 50 hours as an instructor or an examiner in FSTDs, of which at least 15 hours
shall be within the 12 months preceding the expiry date of the SFI certificate.....date: _____
7. the applicant shall have completed, on an FFS, the skill test/ prof. check for the issue of the
specific aircraft type rating representing the types for which privileges are sought.....date: _____

Data confirmed by ATO (or enclose copies of the relevant pages of logbook) if needed

ATO name: Registration no:

Name of Head of Training: Licence no:

Location & date: Signature of Head of Training:

FOCA internal use only:

SFI validity date: type: date:

TRI validity date: type:

MPA SPA Remarks: visum: