



**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 SPA , **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: \_\_\_\_\_