



## 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: ..... date: \_\_\_\_\_

with privileges: for conducting in the aircraft     TRI/r LIFUS     TRI/r LT     TRI/r LIFUS LT    visum: \_\_\_\_\_