



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
  
Swiss Confederation

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

**SFI MP(H)**  
**Initial Application**

Applicant's licence number: \_\_\_\_\_

**Applicant** last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_  
post code: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_  
phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_  
  
e-mail: \_\_\_\_\_

signature of applicant: \_\_\_\_\_

Employed as pilot by: \_\_\_\_\_  company internal invoice to:  applicant  company

**SFI MP (H) application on helicopter type:** \_\_\_\_\_

**Summary of conditions and flight experience:**

a) hold or have held a CPL or ATPL in the appropriate aircraft category;  issue date: \_\_\_\_\_

b) have at least 1 000 hours flight time as a pilot (H) including 350 hours on multi-pilot helicopters  hours: \_\_\_\_\_ / \_\_\_\_\_

c) have completed the FSTD content of the applicable type rating course  date: \_\_\_\_\_

d) have completed the proficiency check for the issue of the specific aircraft type rating in an FFS  date: \_\_\_\_\_ representing the applicable type, within the 12 months preceding the application; and

e) have completed, as a pilot or as an observer, at least 1 hour on the flight deck of the applicable  date: \_\_\_\_\_ type within 12 months preceding the application

f) have completed an approved TRI course at an ATO, including 25 HR teaching and learning,  10 HR of technical training and at least 10 HR flight instruction on the appropriate aircraft or FFS  date: \_\_\_\_\_

A copy of the last logbook pages (flight experience & STD pages) shall be attached to this form. Please make sure you note your licence number and signature at the bottom of each page.

<b>Data confirmed by ATO:</b>	
name:	registration number:
name of Head of Training:	Licence number:
signature of Head of Training:	location and date:
FOCA internal use only:	
SFI MP(H) validity date:	TR: _____ date: _____
Remarks:	visum: _____