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

Type Rating Instructor Initial Application (MPH)

Applicant'slicence number:

Applicant   last name: first name: date of birth:

place of birth: place of origin: nationality:

private address: postcode: city: street:

phone/fax home: phone/fax office:

e-mail: **signature of applicant:**

Helicopter flight hours: PIC hours: Copi hours: IFR total hours: Simulator hours:

Employed as pilot by (AOC/FOM holder)   Invoice to be sent to: ❑ applicant   ❑ company

TRI(H) application on helicopter type: Date:

Details of conditions and flying experience

a)   Licence CPL(H) or ATPL(H)   date of issue:

b)   IR (H) multi-engine helicopter (if applicable)   valid until:

c)   EASA Medical class 1 or 2 with or without IR   valid until:

d)   flight experience (MNM 1000 HR as pilot on helicopters)   hours:

e)   flight experience on multi-pilot helicopters
     (MNM 350 HR as pilot or 100 HR MP if TRI SP on same type)   hours:

f)   flight experience as pilot on type (MNM 15 hrs)   hours:

g)   Successfully completed an approved TRI course at an
     approved ATO   Date:

h)   assessment of competence if < 15 hours on type (copy)   Date:

Instructor   last name: first name:
required

licence number: signature of flight instructor:

ATO   name: registration number:
required

name of chief flight instructor: licence number:

location & date: signature of chief flight instructor:

FOCA internal use only:

❑ 152 TRI(H) restricted validity date: type: date:

❑ 151 TRI(H) validity date: type: visum: