|  |  |  |
| --- | --- | --- |
|  | FCL.900-935/FCL.905.TRI/SFI-FCL.935.TRI/SFI/FCL.940.TRI/SFI | LF- 271Date 05.01.2024V. 1 |
| **Application and assessment of competence for TRI/SFI (A)(H) Certificate** |

**A – Supporting documents** The following shall be attached to the application, mark 🗹 in the appropriate box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Course completion certificates (if applicable) | [ ]  | Valid medical certificate and licence | [ ]  | Logbook (filled & signed) |

**B – Applicant details**

|  |  |
| --- | --- |
| Full name | Date of Birth |
|       |       |
| Permanent address and postcode | Licence No. (If applicable) |
|       |       |
| Training Organisation (ATO) | E-mail address | Telephone/Mobile |
|       |       |       |

**c – Privileges applied foR** Mark 🗹 as appropriate

|  |  |  |
| --- | --- | --- |
| **Issue type** | **Aeroplane** | **Helicopter** |
| [ ]  | Initial (Section D) | [ ]  | TRI FFS only | [ ]  | TRI |
| [ ]  | Revalidation (Section E)  | [ ]  | TRI Base training | [ ]  | TRI FFS Only |
| [ ]  | Renewal (Section F) | [ ]  | TRI LIFUS(ZFTT) | [ ]  | SFI |
| [ ]  | Addition of type (Section D) | [ ]  | SFI |  |
| [ ]  | FFS to A/C (Section D) |  |  |  |
| [ ]  | Extension of TRI(SP) to MP operations (Section D) |  | Type:       |
| If assessment is performed Sections E, G & H must also be completed  |

**D – Initial Application experience Requirements To be checked by examiner**

|  |  |
| --- | --- |
| **TRI(A)** | **TRI(H)** |
| [ ]  | Valid type rating on relevant type | [ ]  | Valid type rating on relevant type |
| [ ]  | > 30 Route sectors within last 12 months (max 15 in FFS) | [ ]  | > 250 hours on helicopter **(TRI SPSEH)** |
| [ ]  | > 1500 hours on MPA **(TRI MPA)** | [ ]  | > 500 hours on helicopter of which at least 100 hours PIC on SPMEH **(TRI SPMEH)** |
| [ ]  | > 500 hours on Aeroplanes of which 30 hours PIC or have held FI(A) with instrument and ME privileges **(TRI SPA)** | [ ]  | > 1000 hours on helicopter including at least**;**  350 hours MPH **or** for TRI SPMEH holders, 100 hours of that type in multi pilot operations **(TRI MPH)** |

|  |  |
| --- | --- |
| **SFI(A)** | **SFI(H)** |
| [ ]  | Valid PC on relevant type within last 12 months | [ ]  | Valid PC on relevant type within last 12 months |
| [ ]  | > 1500 hours on MPA **(SFI MPA)** | [ ]  | At least 1 hour as observer in cockpit or pilot on the applicable type within last 12 months |
| [ ]  | > 500 hours PIC on SPA and hold/have held a ME/IR **(SFI SPA)** | [ ]  | > 1000 hours on helicopter including at least**;** 350 hours MPH **(SFI MPH)** |
| [ ]  | > 3 route sectors as observer in cockpit or > 2 LOFT based SIM sessions | [ ]  | > 500 hours on helicopter of which at least 100 hours PIC on SPMEH **(SFI SPMEH)** |
|  |  | [ ]  | > 250 hours on helicopters **(SFI SPSEH)** |

|  |  |
| --- | --- |
| **New Type TRI(A)** | **New Type TRI(H)** |
| [ ]  | > 15 Route sectors within last 12 months (max 7 in FFS) | [ ]  | Completed the technical training and flight instruction parts of the relevant TRI course |
| [ ]  | Completed the technical training and flight instruction parts of the relevant TRI course | [ ]  | Completed within the 12 months preceding the date of application, at least 10 hours on the applicable helicopter type, of which a maximum of 5 hours may be completed in an FFS or FTD 2/3 |

|  |  |
| --- | --- |
| **New Type SFI** | **Extension of TRI(SPA) to multi-pilot operations** |
| [ ]  | Completed the simulator content of the relevant type rating course | [ ]  | Holds or has held a TRI certificate for MP airplanes or |
| [ ]  | Completed the relevant parts of the technical training and the FSTD content of the flight instruction syllabus of the applicable TRI course | [ ]   | > 500 hours on aeroplanes in MP operations and has completed an MCCI training course in accordance with FCL.930.MCCI |
| [ ]  | Conducted 3 hours of flight instruction related to the duties of an SFI on the applicable type under the supervision and to the satisfaction of a TRE or an SFE |  |  |

|  |
| --- |
| **Extension of TRI(H) from SP privileges to MP privileges on the same type of helicopters** |
| [ ]  | Completed at least 100 hours of MP operations on this type. |  |

**Checked and confirmed**

Examiner signature and date

**E –TRI(A) – Conditions for revalidation** Mark 🗹 as appropriate

|  |
| --- |
| I have fulfilled at least **two** of the following conditions in the 12 months preceding the expiry of my instructor certificate\*: |
| [ ]  | Conducted one of the following parts of a complete type rating or recurrent training course: simulator session of at least 3 hours or one air exercise of at least 1 hour comprising a minimum of two take-offs and landings; |
| [ ]  | Completed instructor refresher training as a TRI(A) at an ATO (attach course completion certificate); |
| [ ]  | Passed an assessment of competence in accordance with FCL.935 (Section G completed). |
| \* An assessment of competence is required for at least each alternative revalidation |

 **TRI(h) – Conditions for revalidation** Mark 🗹 as appropriate

|  |
| --- |
| I have fulfilled **two** of the following conditions within the validity of my TRI certificate\*: |
| [ ]  | Completed 50 hours of flight instruction on each of the types of aircraft for which instructional privileges are held or in a FSTD representing those types, of which at least 15 hours shall be within the 12 months preceding the expiry date of the TRI certificate; |
| [ ]  | Completed instructor refresher training as a TRI(H) at an ATO (Attach Course completion certificate); |
| [ ]  | in the period of 12 months immediately preceding the expiry date of the certificate, passed an assessment of competence in accordance with points FCL.935 (Section G completed). |
| \* An assessment of competence is required for at least each alternative revalidation |

**SFI – Conditions for revalidation** Mark 🗹 as appropriate

|  |
| --- |
| I have a completed a proficiency check within the last 12 months on the type for which the SFI privileges sought and have fulfilled **two** of the following conditions within the validity of my SFI certificate\*: |
| [ ]  | Completed at least 50 hours as instructors or examiners in FSTDs, of which at least 15 hours in the period of 12 months immediately preceding the expiry date of the SFI certificate; |
| [ ]  | Completed instructor refresher training as an SFI at an ATO (Attach Course completion certificate); |
| [ ]  | Passed the relevant sections of the assessment of competence in accordance with point FCL.935. (Section G completed) |
| \* An assessment of competence is required for at least each alternative revalidation |

**F –TRI(A) –Conditions for Renewal** Mark 🗹 as appropriate

|  |
| --- |
| I have, within the 12 months immediately preceding the date of the application, completed all of the following: |
| [ ]  | At least 30 route sectors, including take-offs and landings on the applicable aeroplane type, of which not more than 15 sectors may be completed in an FFS; |
| [ ]  | Instructor refresher training as a TRI at an ATO which covered the relevant elements of the TRI training course (Attach Course completion certificate); |
| [ ]  | Passed the assessment of competence in accordance with point FCL.935 (Section G completed).  |

 **TRI(H) – Conditions for Renewal** Mark 🗹 as appropriate

|  |
| --- |
| I have, within the 12 months immediately preceding the date of the application, completed all of the following: |
| [ ]  | At least 10 hours of flight time, including take-offs and landings on the applicable aircraft type, of which maximum 5 hours may be completed in an FFS or FTD 2/3; |
| [ ]  | Instructor refresher training as a TRI at an ATO, which covered the relevant elements of the TRI training course (Attach Course completion certificate); |
| [ ]  | Passed an assessment of competence in accordance with FCL.935 (Section G completed). |

 **SFI – Conditions for Renewal** Mark 🗹 as appropriate

|  |
| --- |
| I have fulfilled all of the following conditions within a 12 month period before the application: |
| [ ]  | Completed instructor refresher training as an SFI at an ATO (Attach Course completion certificate); |
| [ ]  | Passed the assessment of competence in accordance with point FCL.935 (Section G completed); |
| [ ]  | Completed, on an FSTD, the skill test for the issue of the specific aircraft type ratings representing the types for which privileges are to be renewed. |

**E – Details of flight To be completed by examiner**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A/C or SIM Registration  | Aircraft Type | Duration | Date and Place | Departure and destination |
|       |       |       |       |       |

**g– Assessment of competence Report To be completed by examiner**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1A – Long Briefing** | **remarks** | **Pass** | **FAIL** |
| **a** | Construction and structure of lesson |       | [ ]  | [ ]  |
| **b** | Instructional technique and method |       | [ ]  | [ ]  |
| **c** | Technical knowledge |       | [ ]  | [ ]  |
| **d** | Use of models and aids |       | [ ]  | [ ]  |
| **e** | Clarity of explanation and speech |       | [ ]  | [ ]  |
| **f** | Student participation |       | [ ]  | [ ]  |
| Examiners initials when sections completed:       |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1B – Theoretical Knowledge** | **remarks** | **Pass** | **FAIL** |
| **a** | Theoretical knowledge |       | [ ]  | [ ]  |
| Examiners initials when sections completed:       |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 – Pre-Flight briefing** | **remarks** | **Pass** | **FAIL** |
| **a** | Visual Presentation |       | [ ]  | [ ]  |
| **b** | Technical accuracy  |       | [ ]  | [ ]  |
| **c** | Clarity of explanation  |       | [ ]  | [ ]  |
| **d** | Clarity of speech  |       | [ ]  | [ ]  |
| **e** | Instructional technique  |       | [ ]  | [ ]  |
| **f** | Use of models and aids |       | [ ]  | [ ]  |
| **g** | Student participation |       | [ ]  | [ ]  |
| Examiners initials when sections completed:       |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3 – flight** | **remarks** | **Pass** | **FAIL** |
| **a** | Arrangement of demo |       | [ ]  | [ ]  |
| **b** | Synchronisation of speech with demo |       | [ ]  | [ ]  |
| **c** | Correction of faults |       | [ ]  | [ ]  |
| **d** | Aircraft/simulator handling |       | [ ]  | [ ]  |
| **e** | Instructional technique |       | [ ]  | [ ]  |
| **f** | General airmanship and safety |       | [ ]  | [ ]  |
| **g** | Positioning/ use of Airspace |       | [ ]  | [ ]  |
| Main exercise (state item): |       |  |  |
|  |  |  |  |
| Additional exercises (must be listed below): |       |  |  |
|       |       |[ ] [ ]
|       |       |[ ] [ ]
| Examiners initials when sections completed:       |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 – POST-Flight briefing** | **remarks** | **Pass** | **FAIL** |
| **a** | Visual Presentation |       | [ ]  | [ ]  |
| **b** | Technical accuracy  |       | [ ]  | [ ]  |
| **c** | Clarity of explanation  |       | [ ]  | [ ]  |
| **d** | Clarity of speech  |       | [ ]  | [ ]  |
| **e** | Instructional technique  |       | [ ]  | [ ]  |
| **f** | Use of models and aids |       | [ ]  | [ ]  |
| **g** | Student participation |       | [ ]  | [ ]  |
| Examiners initials when sections completed:       |

**h– Assessment result to be completed by examiner**

|  |  |  |
| --- | --- | --- |
| Total Result of Assessment | [ ]  **Pass** | [ ]  **FAIL** |
| Reason for failure or other remarks (if applicable)      |

**I– examiners details and SIGNATURE to be completed by examiner**

|  |  |
| --- | --- |
| Full name  | Date of Birth |
|       |       |
| Licence number | Examiner Certificate No. | Examiner signature and date |
|       |       |  |

**J– Lifus training To be completed by qualified tri**

|  |  |
| --- | --- |
| Aircraft training completed, date  | Signature of TRI |
|       |  |
| TRI name in block letters  | TRI Licence number |
|       |       |

**K– BASE training To be completed by qualified trI**

|  |  |
| --- | --- |
| Aircraft training completed, date  | Signature of TRE |
|       |  |
| TRE name in block letters  | TRI Certificate Number |
|       |       |

**L– Applicant´s remarks and signature**

|  |
| --- |
| Applicants remarks(if applicable)      |
|  | Applicant´s signature and date |
|  |