

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 (TRI) 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
<input type="checkbox"/> Initial	<input type="checkbox"/> TRI FFS only	<input type="checkbox"/> TRI
<input type="checkbox"/> Addition of type	<input type="checkbox"/> TRI Base training	<input type="checkbox"/> TRI FFS Only
<input type="checkbox"/> FFS to A/C	<input type="checkbox"/> TRI LIFUS(ZFTT)	<input type="checkbox"/> SFI
	<input type="checkbox"/> SFI	

D – TRAINING COMPLETED AND APPLICATION APPROVED

TO BE COMPLETED BY ATO

Name and number of ATO	TRI Course completed <input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3
The ATO confirms that the candidate has been trained according to approved syllabus and assures the level of proficiency required	
Name of Head of Training	Signature and date

E – DETAILS OF FLIGHT

TO BE COMPLETED BY EXAMINER

A/C or SIM Registration	Aircraft Type	Duration	Date and Place	Departure and destination
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F – EXPERIENCE REQUIREMENTS

TO BE CHECKED BY EXAMINER

TRI(A) <input type="checkbox"/> Valid type rating on relevant type <input type="checkbox"/> ≥ 30 Route sectors within last 12 months (max 15 in FFS) <input type="checkbox"/> ≥ 1500 hours on MPA (TRI MPA) <input type="checkbox"/> ≥ 500 hours on Aeroplanes of which 30 hours PIC or have held FI(A) with instrument and ME privileges (TRI SPA)	TRI(H) <input type="checkbox"/> Valid type rating on relevant type <input type="checkbox"/> ≥ 250 hours on helicopter (TRI SPSEH) <input type="checkbox"/> ≥ 500 hours on helicopter of which at least 100 hours PIC on MEH (TRI SPMEH) <input type="checkbox"/> ≥ 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) <input type="checkbox"/> Valid PC on relevant type within last 12 months <input type="checkbox"/> ≥ 1500 hours on MPA (SFI MPA) <input type="checkbox"/> ≥ 500 hours PIC on SPA and hold/have held a ME/IR (SFI SPA) <input type="checkbox"/> ≥ 3 route sectors as observer in cockpit or ≥ 2 LOFT based SIM sessions	SFI(H) <input type="checkbox"/> Valid PC on relevant type within last 12 months <input type="checkbox"/> At least 1 hour as observer in cockpit or pilot on the applicable type within last 12 months <input type="checkbox"/> ≥ 1000 hours on helicopter including at least; 350 hours MPH (SFI MPH) <input type="checkbox"/> ≥ 500 hours on helicopter of which at least 100 hours PIC on MEH (SFI SPMEH) <input type="checkbox"/> ≥ 250 hours on helicopter (SFI SPSEH)
New Type TRI(A) <input type="checkbox"/> ≥ 15 Route sectors within last 12 months (max 7 in FFS) <input type="checkbox"/> Completed the technical training and flight instruction parts of the relevant TRI course	New Type TRI(H) <input type="checkbox"/> Completed the technical training and flight instruction parts of the relevant TRI course <input type="checkbox"/> Conducted 2 hours of training on the applicable type under the supervision of a qualified TR(H)
New Type SFI <input type="checkbox"/> Completed the simulator content of the relevant type rating course <input type="checkbox"/> 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	Checked and confirmed _____ Examiner signature

H- ASSESSMENT RESULT**TO BE COMPLETED BY EXAMINER**

Total Result of Assessment	<input type="checkbox"/> PASS	<input type="checkbox"/> 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 TRE**

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

L- APPLICANT'S REMARKS AND SIGNATURE

Applicants remarks(if applicable)	
Applicant's signature and date	