

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.
Training Organisation (ATO)	E-mail address	Telephone/Mobile

C – TRI(A) – CONDITIONS FOR REVALIDATION

Mark as appropriate

I have fulfilled **one** of the following conditions in the 12 months preceding the expiry of my instructor certificate*:

- Conducted on a complete type rating course; a simulator session of at least 3 hours **or** one air exercise of at least one hour comprising a minimum of 2 take-offs and landings
- Received instructor refresher training as a TRI at an ATO (Attach Course completion certificate)
- Passed an assessment of competence in accordance with FCL.935 (Relevant sections of ICETRA **form LF-270** should be completed and attached to the application)

* An assessment of competence is required for at least each alternative revalidation

D – TRI(A) – CONDITIONS FOR RENEWAL

Mark as appropriate

I have fulfilled the following conditions:

- Have completed within the last 12 months preceding the application at least 30 route sectors, to include take-offs and landings on the applicable aeroplane type, of which not more than 15 sectors may be completed in simulator
- Have completed the relevant parts of a TRI course at an approved ATO (Attach Course completion certificate)
- Have conducted on a complete type rating course at least 3 hours of flight instruction on the applicable type under the supervision of a qualified TRI

E – TRI(H) – CONDITIONS FOR REVALIDATION

Mark as appropriate

I have fulfilled 2 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
- Received instructor refresher training as a TRI at an ATO (Attach Course completion certificate)
- Passed an assessment of competence in accordance with FCL.935 (Relevant sections of ICETRA Form LF-270 should be completed and attached to the application)

* An assessment of competence is required for at least each alternative revalidation

F – TRI(H) – CONDITIONS FOR RENEWAL

Mark as appropriate

I have fulfilled the following conditions within a 12 month period before the renewal:

- Received instructor refresher training as a TRI at an ATO, which covers the relevant elements of the TRI training course (Attach Course completion certificate)
- Passed an assessment of competence in accordance with FCL.935 in each of the types of aircraft in which renewal of instructor privileges is sought (Relevant sections of ICETRA Form LF-270 should be completed and attached to the application)

G – SFI – CONDITIONS FOR REVALIDATIONMark as appropriate

I have a valid type rating for the SFI privileges sought and have fulfilled 2 of the following conditions within the validity of my SFI certificate*:

- Completed 50 hours as an instructor or an examiner in FSTDs, of which at least 15 hours shall be within the 12 months preceding the expiry date of the SFI certificate
- Received instructor refresher training as a SFI at an ATO (Attach Course completion certificate)
- Passed an assessment of competence in accordance with FCL.935 (Relevant sections of ICETRA Form LF-270 should be completed and attached to the application)

* An assessment of competence is required for at least each alternative revalidation

H – SFI – CONDITIONS FOR RENEWALMark as appropriate

I have fulfilled the following conditions within a 12 month period before the application:

- Completed the simulator content of the SFI training course (Attach Course completion certificate)
- Received instructor refresher training as a SFI at an ATO (Attach Course completion certificate)
- Passed an assessment of competence in accordance with FCL.935 (Relevant sections of ICETRA Form LF-270 should be completed and attached to the application)

I – SIGNATURE

I, the applicant, hereby declare that I do not hold or have applied for the privileges applied for on this application in another member state, nor have I had my privileges revoked or suspended in another member state. I confirm that information given on this form is correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, the licensing authority may refuse to grant me or may revoke privileges applied for or already held, without prejudice to any other action applicable under national law.

Place: _____

Date: _____

Applicant's signature