

Application for an Aircraft TRI / SFI Rating / Authorization

The requirements for this application are in accordance with CARs 1994



پاکستان سول ایوی ایشن اتھارٹی

**CIVIL AVIATION AUTHORITY
PAKISTAN**

Please complete in Block Capitals in Blue Ink/Blue Ballpoint

PART ONE

TYPE RATING INSTRUCTOR* (TRI)	
SYNTHETIC FLIGHT INSTRUCTOR* (SFI)	
UPGRADE*	

INITIAL ISSUE*	
ADD ADDITIONAL TYPE*	

* Tick Box as appropriate

1. PERSONAL DETAILS

CAA Licence Type and No. _____

Date of Issue _____

Title (Mr, Mrs, Ms) Forename(s) _____ Surname _____

Date of Birth _____ Nationality _____ City & Country of Birth _____

Address for Correspondence _____

Tel. No. (O) _____ (H) _____ (M) _____ E-mail _____

2. EMPLOYER / SPONSOR / TRTO / FTO

Company Name: _____ AOC No/Valid Upto. _____

3. **Expiry Date of TRI / SFI Rating / Authorization (If applicable)**(dd/mm/yyyy): ____/____/____4. **Date of last PPC of Applicant on Applicable Aircraft:** (dd/mm/yyyy): _____**5. TYPES TO BE INCLUDED ON RATING/AUTHORIZATION**

	For Aircraft	For Simulator
Applicable Aircraft Type(s)		

6. FLYING EXPERIENCE**6a. Aeroplane**

Total Number of Flying Hours on A/C AUV>5700 Kgs (Initial Issue Only)

Number of PIC Hours on Aircraft AUV>5700 Kgs

Number of Sectors Flown in the last 12 months in the applicable Aircraft Type

No. of Sessions conducted in the last 12 months in applicable Simulator Type

6b. Helicopter

Total Number of Flying Hours on Single Pilot Helicopters

Total Number of Flying Hours on Multi Pilot Helicopters

Number of PIC Hours on Multi Pilot Helicopters

Number of Hours on applicable Type during last 12 months

7. COURSES

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Approved Core Course: Initial Issue only; unless exempt (see Para 9)	
Date of Course	Training Organization
Attach Courses Completion Certificate	
Approved Type Specific Course	
Date of Course	Training Organization
Attach Courses Completion Certificate	
Other Courses: Upgrade Simulator to Aircraft, Aircraft to Simulator or Renewal of Lapsed Rating/Authorization	
Date of Course	Training Organization
Attach CAA letter of Acceptance of Course	

	Date Completed
8. Conduct of 02-Hour Instructional Flight / Simulator / 1 Hour Air Exercise (Complete Part Two Section A)	_ _ / _ _ / _ _ _ _

9. Brief Details of Previous Instructional Experience and Qualifications (Civil/Military)

10. Declaration by Applicant

I hereby request the

Initial Issue*	Revalidation*	Renewal*	Additional Type*
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of a TRI /SFI*/ Rating* Authorization. I declare to the Civil Aviation Authority that the details entered by me are true and correct to the best of my knowledge and belief. *Delete as applicable

Signature of Applicant _____ **Date** _____

11. Certification of Applicant's Declaration

I hereby certify that the

Initial*	Revalidation*	Renewal*	Additional Type*
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requirements shown in Part One have been completed and I declare to the Civil Aviation Authority that the details entered are true and correct to the best of my knowledge and belief and hereby request appointment of the applicant. *Delete as applicable

Name of Certifying DFO/CP/Organization Head _____ **Signature** _____
Date _____ **AOC or TRTO Approval No & Validity** _____

NOTE 1: It is an offence punishable by fines and / or imprisonment under the CARs 1994 and Air Navigation Orders to make any false declaration for the purpose of procuring for oneself or for any other person the issue or re-issue of a Rating / Authorization

Note 2: The TRI (Aeroplane/Helicopter) Licence Validity page must be returned to the CAA for Revalidation/Renewal together with the appropriate fee.

OFFICE USE ONLY Update:	FEE:
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PART TWO

Record of Conduct of 02-Hour Instructional Flight / Simulator / 1 Hour Air Exercise.

- **Acceptance Test – Interview must be observed by CAA Flight Standards Directorate (FSD) / Licensing**
- **TRI/SFI Initial; Renewal & Additional Type Test – Interview must be observed by CAA FSD / Licensing**
- **TRI/SFI Revalidation - Observation by CAA FOI not mandatory, however, qualifying flight must be recorded below in Section A**

SECTION A: EXERCISE OBSERVED* / CONDUCTED*: PPC* / LPC* / Other* _____

* Delete as applicable

1. Date: _____ Location : _____
 2. A/C or STD Type _____ Registration No. _____
User App No _____ Valid Upto _____
 3. Flight/Simulator Time _____
 4. Name of Applicant _____ Licence No _____
Crew _____ Licence No _____
Crew _____ Licence No _____
Crew _____ Licence No _____
 5. Serviceability of Simulator / Aircraft _____
- Applicant's Signature _____

SECTION B: EXAMINER'S REPORT

Note: The Flight Operations Inspector (FOI) completing this Section must also complete Section C of this Form

FOI Name: _____

1. **Observations:** _____

2. **Recommendation:**

Issue/Do not issue	TRI	SFI	Aircraft	Simulator
Revalidation/Renewal	TRI	SFI	Aircraft	Simulator
Additional Type/Class	TRI	SFI	Aircraft	Simulator

Tick Boxes to the right of the qualification as appropriate

Suitable to conduct: INSTRUCTION PPC / LPC on A/C Type/Class _____ Date _____

Flight Inspector's Name & Signature _____ **ATPL No.** _____

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SECTION C: FACTUAL DETAILS OF TEST OBSERVED

1. Routes and Approach Aids used, and/or content of Test/Training:

2. Briefing: (Duration_____minutes):

3. Flight / Simulator:

4. De-briefing: (Duration_____minutes):

5. General Observations:

6. Applicants Licence Check:

Pilot Licence Valid and Signed: Yes/No*	Type Rating/LPC valid: Yes/No*
PCAA Medical Certificate valid & signed /any restrictions. Yes/No*	TRI Rating (If Applicable): Yes/No*

* Delete as applicable

The Applicant must return the completed Form (CAAF-663 - Original) to Personnel Licensing Office, PCAA immediately after Test /Check, and retain a copy for the TRTO / FTO/ Company Records.

A copy of the letter by Personnel Licensing Office CAA to Director Flight Standards (DFS) and DFS letter detailing the FOI to conduct Test/Check must be attached to this Form.

SECTION D : (Personnel Licensing Office)

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Distribution:

1. Organization File (Copy)
2. Personal File (Original)

Signature: _____

Date: _____