CIVIL AVIATION AUTHORITY
CZECH REPUBLIC

APPLICATION AND REPORT FORM

SYNTHETIC FLIGHT INSTRUCTOR (MPA) REVALIDATION

1.	Applicant´s personal details	
Applicant's last name:		Applicant's first name:
Type of license:		Number of license:
Applicable type of aircraft(s):		License issuing state:
		Signature of applicant:

Satisfactory completion of SFI(A) –revalidation requirements:

2.	Requirements for the revalidation of SFI as per PART FCL.940.SFI: For revalidation of the certificate, the applicant shall fulfill one of the requirements stated in a), b) and c) and in addition, requirement stated in d)	
a. Complete one of the following parts within the validity period of the SFI certificate:		
	➢ 50 hours as an instructor or an examiner in FSTDs	☐
	➢ 15 hours shall be within the 12 months preceding the expiry date of the SFI certificate; or	☐
b. Receive instructor refresher training as an SFI at an ATO; or		☐
c. Pass the assessment of competence in accordance with FCL.935		☐
d. In addition, the applicant shall have completed, on an FFS, the proficiency checks for the issue of the specific aircraft type ratings representing the types for which privileges are held.		☐

2a.	Confirmation of training provided during complete type rating training course or as an examiner		
Amount of training provided during complete type rating training course in FFS or as an examiner:			≥ 50 hours
Amount of training provided during complete type rating training course in FFS or as an examiner within the last 12 months preceding the expiry date of the certificate.			≥ 12 hours
ATO:		ATO ref. number:	
Name of Head of Training* or Chief Flight Instructor*:			
Signature:			

*Delete as appropriate

2b.	Instructor refresher training at ATO
Date training started:	
Date training ended:	

ATO (name):	ATO ref. number:
Name of head of training:	
Signature of head of training:	

2c.	Assessment of competence
Date:	
Aircraft registration mark or FSTD ID:	
Assessment of competence result:	Passed ☐ Failed ☐

Examiner´s certificate number (if applicable):	Examiner´s type and number of license:
Signature of examiner:	Name in capital letters:

2d.	Proficiency check
Date:	
FSTD ID:	
Proficiency check result:	Passed ☐ Failed ☐

Examiner´s certificate number (if applicable):	Examiner´s type and number of license:
Signature of examiner:	Name in capital letters: