

CIVIL AVIATION AUTHORITY CZECH REPUBLIC

APPLICATION AND REPORT FORM

TYPE RATING 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 TRI(A) – revalidation requirements:

2.	Requirements for the revalidation of TRI (A) as per PART FCL.940.TRI :		
	For revalidation of a TRI(A) certificate, the applicant shall, within the last 12 months preceding the expiry date of the certificate, fulfill one of the following 3 requirements:		
a.	a. Conduct one of the following parts of a complete type rating training course:		
	 Simulator session of at least 3 hours; or 		
		 One air exercise of at least 1 hour comprising a minimum of 2 take-offs and landings 	
b.	b. Receive instructor refresher training as a TRI at an ATO		
C.	c. Pass the assessment of competence in accordance with FCL.935		

2a. Confirmation of training provided during cor months preceding the expiry date of the cert		ourse within	the last 12
Amount of training provided during complete type rating training course in ≥ 3 hours;			
FFS(hours):			or
Amount of training provided during complete type rating training course as an air ≥ 1 hour			≥ 1 hour
exercise (hours/take-offs)			including 2
			take-offs
ATO: ATO ref. number:			
Name of Head of Training* or Chief Flight Instructor*:			
Signature:			

*Delete as appropriate



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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		
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:	