



# CIVIL AVIATION AUTHORITY

## CZECH REPUBLIC

### APPLICATION AND REPORT FORM

TRI(MPA) INITIAL ISSUE, RENEWAL AND EXTENSION FOR ANOTHER TYPE

1. Applicant's personal details	
Applicant's last name:	Initial <input type="checkbox"/>
Applicant's first name:	Renewal <input type="checkbox"/>
Type of license held:	Extension <input type="checkbox"/>
License number:	
State of licence issue:	
Signature of applicant:	

2. Details on licence and experience		Initial	Renewal		Extension (TRI for another type must be valid)	
Valid applicable type rating:						
Flight time as a pilot on multi-pilot aeroplanes:		≥1.500	---	N/A	---	N/A
Number of route sectors as PIC or co-pilot on applicable aircraft type within the last 12 months preceding the application:	A/C	≥30, of which max 15 on FFS		≥30, of which max 15 on FFS		≥15, of which max 7 on FFS
	FFS					

3. Declaration by the candidate	
I have received a course of training in accordance with the training syllabus for the (circle as applicable):	
I.	TRI(MPA) certificate initial issue for aircraft type:
II.	TRI(MPA) certificate renewal for aircraft type:
III.	TRI(MPA) certificate extension for aircraft type:
Applicant's last name:	Applicant's first name:
Date:	Place:
Signature of applicant:	



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<b>3.</b>	<b>Training course in ATO</b>						
Date course started:							
Date course ended:							
Type rating instructor for MPA type:							
Amount of training:		Initial issue		Renewal		Extension	
Teaching and learning:			≥25*	---	N/A	---	N/A
Technical training:			≥10		≥10		≥10
Hours of flight instruction under supervision on the aeroplane or the FFS representing that aeroplane			≥10		≥3		≥3
* Teaching and learning was credited as applicant holds or held this instructor's certificate(s):							

<b>4.</b>	<b>Declaration by ATO</b>					
I, undersigned Head of Training*/Chief Flight Instructor*, declare that candidate has satisfactorily completed an approved training course for:						
TRI(MPA) initial issue*			TRI renewal*		TRI extension*	
Limited to FFS*		No limitation*			Limited to FFS*	No limitation*
Aircraft(s) type used:						
FSTD(s) (representing A/C type):						
ATO (name):			ATO ref. number:			
Place:			Date:			
Name of Head of Training*/Chief Flight Instructor*:						
Signature of Head of Training*/Chief Flight Instructor*:						

*\*Delete as appropriate*



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<b>5.</b>	<b>Examiner's report</b>	
Applicant's last name:		Applicant's first name:
Type of aircraft:		
Aircraft registration mark or FSTD ID:		
Assessment of competence result: <span style="float: right;">Passed <input type="checkbox"/></span> <span style="float: right;">Failed <input type="checkbox"/></span>		
Candidate is competent for:	TRI certificate (with no limitation) for aircraft type*:	TRI certificate (with FFS limitation) for aircraft type*:
Examiner's certificate number (if applicable):		Examiner's type and number of license:
Signature of examiner:		Name in capital letters:

*\*Delete as appropriate*