



# CIVIL AVIATION AUTHORITY

## CZECH REPUBLIC

### APPLICATION AND REPORT FORM

TYPE RATING INSTRUCTOR RENEWAL

<b>1. Applicant's personal details</b>	
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) –renewal requirements:*

<b>2. Requirements for the renewal of TRI (A) as per PART FCL.940.TRI :</b>	
To renew a TRI certificate, applicants shall, within the 12 months immediately preceding the date of the application have completed the following:	
a. at least 30 route sectors, including take-offs and landings on the applicable aeroplane type, of which maximum 15 sectors may be completed in an FFS	<input type="checkbox"/>
b. receive instructor refresher training as a TRI at an ATO which shall cover the relevant elements of the TRI training course	<input type="checkbox"/>
c. pass the assessment of competence in accordance with FCL.935	<input type="checkbox"/>

<b>2a. Summary of 30 route sectors, including take-offs and landings on the applicable aeroplane type, of which maximum 15 sectors may be completed in an FFS:</b>	
Type of aeroplane:	
Number of route sectors on aeroplane:	
Number of route sectors in an FFS:	

<b>2b. Instructor refresher training at ATO</b>	
Date training started:	
Date training ended:	
ATO (name):	ATO ref. number:
Name of head of training:	
Signature of head of training:	



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<b>2c.</b>	<b>Assessment of competence</b>	
Aircraft registration mark or FSTD ID:	Date:	
Assessment of competence result:	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
Examiner's certificate number (if applicable):	Examiner's type and number of license:	
Signature of examiner:	Name in capital letters:	

<b>3.</b>	<b>TRI Renewal</b>	
Previous TRI certificate validity:		
New TRI certificate validity:		
Examiner's certificate number (if applicable):	Examiner's type and number of license:	
Signature of examiner:	Name in capital letters:	