



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 2 of the following 3 requirements:	
	a. Conduct one of the following parts of a complete type rating training or recurrent training course:	
	➤ Simulator session of at least 3 hours; or	<input type="checkbox"/>
	➤ One air exercise of at least 1 hour comprising a minimum of 2 take-offs and landings	<input type="checkbox"/>
	b. Receive instructor refresher training as a TRI at an ATO	<input type="checkbox"/>
	c. Pass the assessment of competence in accordance with FCL.935	<input type="checkbox"/>

2a.	Summary of training provided during complete type rating training or recurrent training course within the last 12 months preceding the expiry date of the certificate.	
	Amount of training provided during complete type rating training or recurrent training course in FFS(hours):	≥ 3 hours; or
	Amount of training provided during complete type rating training course as an air exercise (hours/take-offs)	/ ≥ 1 hour including 2 take-offs



CIVIL AVIATION AUTHORITY

CZECH REPUBLIC

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:	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:

3. TRI Revalidation	
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:

Examiner shall verify Summary of training provided in section 2a before revalidation – if applicable.