

Applicant's personal details

## **CIVIL AVIATION AUTHORITY**

**CZECH REPUBLIC** 

## **APPLICATION AND REPORT FORM**

TYPE RATING INSTRUCTOR RENEWAL

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	(H) –renewal requirements:	
2. Requirements for the renewal of TRI(H) as per larger to renew a TRI certificate, applicants shall, within have completed the following:	PART FCL.940.TRI: the 12 months immediately preceding the date of the app	olication
a. receive instructor refresher training as a TRI at an ATO which shall cover the relevant elements of the TRI training course		
b. pass the assessment of competence in accordance with FCL.935 in each of the types of aircraft in which renewal of the instructional privileges is sought		
2a. 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:		



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2b.	Assessment of competence	
Aircra	aft registration mark or FSTD ID:	Date:
Asses	ssment of competence result:	Passed   Failed
Exam	niner's certificate number (if applicable):	Examiner´s type and number of license:
Signa	ature of examiner:	Name in capital letters:
3.	TRI Renewal	
Previous TRI certificate validity:		
New TRI certificate validity:		
Exam	niner´s certificate number (if applicable):	Examiner's type and number of license:
Signa	Signature of examiner: Name in capital letters:	