

Applicant's personal details

## **CIVIL AVIATION AUTHORITY**

**CZECH REPUBLIC** 

### **APPLICATION AND REPORT FORM**

#### TYPE RATING INSTRUCTOR REVALIDATION

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 con	npletion of TRI(H) –	revalidation requirements:	
2. Requirements for the revalidation  For revalidation of a TRI(H) certificate following 3 requirements:		PART FCL.940.TRI: all, within the validity period of the TRI certificate fulf	il 2 of the
<b>a.</b> Complete at least 50 hours of flight instruction as TRI(H), FI(H), IRI(H), STI(H) or any examiner in each of the types of aircraft for which TRI privileges are held or in a FSTD representing those types of which at least 15 hours shall be completed in the period of 12 months immediately preceding the expiry date of the TRI certificate:			
b. Receive instructor refresher training as a TRI(H) at an ATO			
<b>c.</b> Pass the assessment of competence in accordance with FCL.935, FCL.910(b)(3) or FCL.910.TRI(c)(3) in the period 12 months immediately preceding the expiry date of the certificate.			
	ges are held or in a	), FI(H), IRI(H), STI(H) or any examiner in each of FSTD representing those types in the period imr	
	36 months:	12 months:	
Name of the type:			
Name of the type:			
Name of the type:			
Name of the type:			
Name of the type:			
Name of the type:			
Name of the type:			



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2b. Instructor refresher training as a TRI(H) at an ATO			
Date training started:			
Date training ended:			
Aircraft registration mark or FSTD ID:	Type:		
Amount of the training (hours):			
ATO (name):	ATO ref. number:		
Name of head of training:			
Signature of head of training:			
2c. Assessment of competence			
Date of the Assessment of competence:			
Aircraft registration mark or FSTD ID:	Type:		
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:		
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:		