



**APPLICATION FOR ISSUE OF AN INSTRUCTOR CERTIFICATE  
(INITIAL/RENEWAL/REVALIDATION)**

*Please complete in BLOCK CAPITALS using black or dark blue ink.*

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT DETAILS		To be completed by the Applicant			
Title: ..... Forename(s): ..... Surname: .....					
Date of birth (dd/mm/yyyy): ..... Nationality: .....					
Town of birth: ..... Country of birth: .....					
Permanent Address: .....					
..... Postcode: .....					
Telephone: ..... Alternative telephone Number: .....					
E-mail: ..... Fax Number: .....					
2. ADDRESS FOR CORRESPONDENCE (if different from above)		To be completed by the Applicant			
Postal Address: .....					
.....					
..... Postcode: .....					
3. MEDICAL FITNESS		To be completed by the Applicant			
Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only		
<i>Note: Medical Certificate must be valid on the licence issue date.</i>					
4. PARTICULARS OF MCAA OR THIRD COUNTRY ICAO LICENCES HELD					
Issuing Authority		To be completed by the Applicant			
Type/Class of Licence	Licence Number	Expiry Date			
5. RATINGS HELD		To be completed by the Applicant			
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Licence.					
Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	MCAA Use Only

<b>6. APPLICATION (See Guidance Notes) (tick as appropriate)</b>		<b>To be completed by the Applicant</b>					
I am applying for (INITIAL/RENEWAL/REVALIDATION):							
Flight Instructor FI (A) <input type="checkbox"/> FI (H) <input type="checkbox"/> FI (B) <input type="checkbox"/> FI (AS) <input type="checkbox"/> FI (S) <input type="checkbox"/>							
Type Rating Instructor TRI (A) (Please specify type): .....							
Type Rating Instructor TRI (H) (Please specify type): .....							
Type Rating Instructor TRI (PL) (Please specify type): .....							
Class Rating Instructor CRI SE <input type="checkbox"/> ME <input type="checkbox"/> SE & ME <input type="checkbox"/>							
Instrument Rating Instructor IRI (A) <input type="checkbox"/> IRI (H) <input type="checkbox"/> IRI(AS) <input type="checkbox"/>							
Synthetic Flight Instructor SFI (SPA) <input type="checkbox"/> (MPA) <input type="checkbox"/> (H) <input type="checkbox"/> (PL) <input type="checkbox"/>							
Multi-Crew Cooperation Instructor MCCI <input type="checkbox"/> Flight Test Instructor FTI <input type="checkbox"/>							
Synthetic Training Instructor STI (A) <input type="checkbox"/> (H) <input type="checkbox"/> (Applicants for the STI only go to section 9)							
<b>7. PRE-COURSE FLIGHT EXPERIENCE (FI ONLY):</b>		<b>To be completed by the Applicant</b>					
<i>(Please refer FCL.915.FI, FI-Prerequisites)</i>		FI(A)	FI (H)	FI(As)	FI(B)	FI(S)	
Total flight time							
Total flight time as Pilot In Command							
Total flight time on Single Engine Piston Powered Aeroplanes							
Total flight time VFR Cross Country as PIC							
Date of 540km (300 nm) cross country flight							
Instrument flight instruction							
Total number of launches as PIC of Sailplanes							
Total flight time on Class of Balloon							
<b>8. PRE-COURSE FLIGHT EXPERIENCE (CRI/IRI/TRI/SFI/MCCI/FTI):</b>		<b>To be completed by the Applicant</b>					
<i>(Please refer FCL.915 –Prerequisites for)</i>		TRI	MCCI	CRI	IRI	SFI	FTI
Total flight time Aircraft							
Total flight time on Multi Pilot Aircraft							
Route sectors in preceding 12 months							
Total flight time as Pilot-in-Command (PIC) for Single Pilot Multi Engine Aircraft,							
Flight time on aeroplanes including flight time on type as PIC							
Total Flight time in accordance with IFR in aircraft							
Total Flight time in accordance with IFR in Flight simulator							
Number of Category 1 or 2 Flight Test conducted							
<b>9. FLYING EXPERIENCE (for renewal or revalidation)</b>		<b>To be completed by the Applicant</b>					
		<b>FI/CRI/IRI</b>	<b>TRI</b>	<b>SFI/STI</b>	<b>MCCI</b>	<b>FTI</b>	
Total flight instruction or launches within period of validity (FCL.940.FI), (FCL.940.TRI), (FCL.940.SFI)							
Instrument flight instruction within period of validity (FCL.940.FI), (FCL.940.IRI)							
Flight instruction in 12 months preceding expiry of Certificate (FCL.940.FI), (FCL.940.TRI), (FCL.940.CRI), (FCL.940.SFI), (FCL.940.MCCI), (FCL.940.FTI)							
Total flight tests within period of validity (FCL.940.FTI)							

**10. SYNTHETIC TRAINING INSTRUCTOR PRE-REQUISITE (Aeroplane and Helicopter)**  
**To be completed by the Applicant**

**STI(A&H) only**

I certify that..... has completed the relevant Proficiency Check within the preceding 12 months in the following Class / Type ..... on (date).....

**STI(H) only**

I certify that ..... has completed at least one hour as an observer on the flight deck of the following helicopter type ..... on (date).....

**11. SYNTHETIC TRAINING INSTRUCTOR COURSE COMPLETION (Aeroplane and Helicopter)**  
**To be completed by the ATO conducting the Training**

I certify that (name)..... has satisfactorily completed an approved course of training for the following course:

STI (A)  (H)  on the following simulator: FNPTII/III  FTD 2/3  FFS

Total hours of flight instruction related to duties of STI on course: ..... hrs

FSTD Identification Number of simulator used: .....

Competent Authority issuing Qualification certificate for the simulator: .....

Approved Training Organisation: .....ATO Approval No: .....

Competent Authority issuing Approval: .....

Name of Head of Training: .....

Signature (Head of Training): .....Date: .....

*Applicants for the STI only please go to Section 18.*

**12. CONFIRMATION OF THEORETICAL KNOWLEDGE EXAMINATIONS (PPL Holders only)**  
**To be completed by the ATO conducting the Training**

Confirmation of Theoretical Knowledge training course completed: CPL  ATP

Category of Examinations: Aeroplane  Helicopter  Airship

Theoretical Knowledge training completed on course: ..... Hours

Approved Training Organisation: ..... ATO Approval No: .....

Competent Authority issuing Approval: .....

Name of Head of Training: .....

Competent Authority with whom the Examinations were taken: .....

Certified copies of results to be provided with application and Certified copy of ATO approval Certificate (if training ATO and examinations not subject to MCAA approval)

Signature (Head of Training): .....Date: .....

**13. FI PRE-ENTRY FLIGHT TEST****To be completed by the ATO conducting the Training**

I recommended (name)..... for the Flight Instructor Course.

Date of satisfactory pre-entry flight test: .....

Name of FI who conducted flight test (block capitals): .....

Licence Number: ..... Competent Authority issuing Licence: .....

Approved Training Organisation (ATO): ..... ATO Approval No: .....

Competent Authority issuing Approval: .....

Signature (FI who conducted flight test): ..... Date: .....

**14. APPROVED COURSE CERTIFICATE (not required if the ATO provides a Certificate of course completion)****To be completed by the ATO conducting the Training**

I certify that (name)..... has satisfactorily completed an approved course of training for the following:

i) FI (A)  FI (H)  FI (AS)  FI (B)  FI (S) 

ii) Type Rating Instructor TRI (A) (Please specify type): .....

iii) Type Rating Instructor TRI (H) (Please specify type): .....

iv) Type Rating Instructor TRI (PL) (Please specify type): .....

v) TRI issued in accordance with FCL.725 (e) (Please specify type): .....

vi) Class Rating Instructor CRI SE  ME  SE & ME vii) Instrument Rating Instructor IRI A  IRI (H)  IRI (AS) viii) Synthetic Flight Instructor SFI (SPA)  (MPA)  (H)  (PL) ix) Multi-Crew Cooperation Instructor MCCI  Flight Test Instructor 

The course consisted of..... hours of theoretical knowledge Instruction. If a credit towards the teaching and learning was given in accordance with FCL.915(c)(1) please indicate which Instructor Certificate is held:

FI  CRI  TRI  IRI  MCCI  FSI  FTI 

The course consisted of ..... hours of flight instruction of which .....hours instrument ground time in a FTD 2/3 or FNPT I or FNPT II/III or FSS.

FSTD Identification Number of simulator used: .....

Competent Authority issuing Qualification certificate for the simulator: .....

Approved Training Organisation: ..... ATO Approval No: .....

Competent Authority issuing Approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**15. INSTRUCTORS REFRESHER SEMINAR** **To be completed by the Seminar Provider**

I certify that (name)..... has satisfactorily attended an Instructor Refresher Seminar for the revalidation or renewal of an Instructor Certificate in accordance with Part-FCL.

Date(s) of Seminar: ..... Approved Training Organisation (ATO: .....

ATO Approval No.: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**16. COURSE COMPLETION CERTIFICATE** **To be completed by Approved Training Organisation**

I certify that (name)..... has satisfactorily attended an Instructor Refresher Seminar for the revalidation or renewal of an Instructor Certificate in accordance with Part-FCL.

Date course commenced: ..... and date course finished: .....

The course consisted of.....hours of flight instruction of which..... hours Synthetic Flight Instruction in a FNPT I, II/III, FTD 2/3 or FSS. FSTD Identification Number of device used (which must be issued in accordance with MCAR AIRCREW): .....

Competent Authority issuing Qualification certificate for the device: .....

Approved Training Organisation (ATO: ..... ATO Approval No.: .....

Competent Authority issuing Approval: .....

Name of Head of Training: .....

Signature (Head of Training): ..... Date: .....

**17. CONFIRMATION OF ASSESSMENT OF COMPETENCE** **To be completed by the Applicant**

I have successfully completed an Assessment of Competence for the issue of an Instructor Certificate.

Assessment of Competence Date(s): .....

Aircraft Type and Registration: ..... or

FSTD Identification Number: .....

The Certificate of Revalidation has been signed and the rating is valid until..... or

Examiner's Name: ..... Examiner's Number: .....

Signature (Head of Training): ..... Date: .....

**Note** - Applicants are advised that the licence will not be issued until the corresponding Examiner's Report Form is received.

**18. DECLARATION OF APPLICANT (tick as appropriate) To be completed by the Applicant**

I declare that the information provided on this form is correct. I have fully reviewed the content and have submitted all of the necessary paperwork for my application to be considered.

Signature: ..... Date: .....

Documents to be submitted	For CAA use
• Training Records for initial	
• A copy of national ID card or Passport	
• Copy of work permit (For foreigners)	
• 2 Stamp size photographs (taken within previous six months)	
• Copy of the Payment receipt	
Following additional requirements shall be submitted in the case of loss of licence	
• A police report	
• Photocopy of the Licence (if available)	
For CAA use	
Date of Issue: .....	Remarks:
Checked by: .....	
Loaded by: .....	
Signed by: .....	