



For applicant use only .

1. PERSONAL DETAILS

FULL NAME			
Date & place of Birth		Nationality	
Address		Mobile Tel. No.	
E-mail		Operator	
I hereby declare that the information given in this form is true, correct & completed.			Applicant Signature

2. LYCAR Air transport pilot license held details

License No		License expiry date	
Air craft type rating		Rating expiry date	

3. Medical certificate held details

Class	Date of check	Expiry Date	Limitations

4. Type Rating Instructor rating (MPA) Issuance Requirements

(a) Pre-Requisite for All Instructors.

a	Hold at least the license, rating & qualification for which instruction is being given	YES	
b	Have at least (1500) Hrs experience as pilot on the type or class of airplane on which instruction is being given	YES	
c	Shall be entitled to act as pilot-in-command of the aircraft during such training	YES	

(b) Type Rating Instructor Rating (MPA) Issue Requirements.

a	Hold valid LYCAR CPL, ATPL pilot license	Valid Until	
b	Hold valid type rating	Valid Until	
c	Hold valid LYCAR-Medical Class 1 certificate	Valid Until	
d	<input type="checkbox"/> Completed at least (1500) Hrs. flight time as a pilot of multi-pilot airplanes	HRS	
	<input type="checkbox"/> Completed within the (12) months preceding the date of application At least (30) route Sectors, including take-offs & landings as pilot-in-command or co-pilot on the applicable areophane type,	30 Sector Date	
	<input type="checkbox"/> not more than (15) Sectors may be completed in a FSS	15 Sectors	
e	Training course. Successfully completed an approved TRI course to include:		
	<input type="checkbox"/> Complete Teaching & Learning course shall comprise not less than (25) Hrs., or having held one of the following ratings FI (A), CRI (A), IRI (A), STI (A), MCCI (A), FI (H), TRI (H), IRI (H), SFI (H)	HRS Rating	
	<input type="checkbox"/> Complete TRI flight instruction	HRS	
f	Conducted on a complete type rating course at least (5) Hrs. of flight instruction related to the duties of a TRI on the applicable type of airplane &/or flight simulator under the supervision & to the satisfaction of a TRI notified by LYCAA		

5. Instructor Recommendation.

<input type="checkbox"/> I hereby certify that, the applicant meets LYCAR FCL requirements for Type Rating Instructor Rating issue skill test on : ()		
Instructor Name	Signature	Date

***If the TRI (A) training is carried out in a flight simulator only, the TRI (A) rating will be restricted to exclude emergency/abnormal procedure training in an aircraft. To remove this restriction the holder of a TRI (A) rating shall perform the training contained in LYCAR- **FCL.915.TRI TRI** (Flight simulator qualified and approved for ZFTT (for restricted TRI (A))**

C. SUPPORTING DOCUMENTS:

- This application form
- Copy of Type Rating Instructor Rating course completion report
- Copy of Medical Class (I) Certificate
- Copy of valid ATPL
- Cover Letter from the ATO for Type Rating Instructor issue
- Type Rating Instructor skill Test Report