

	Form. No. 130E – 4	APPLICATION FORM MULTI CREW CO-OPERATION INSTRUCTOR (MCCI (A) CERTIFICATE) ISSUE / RE-VALIDATION / RENEWAL / EXTENSION OF PRIVILEGES
	AMDT No.1	
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Part 1 - APPLICATION

NOTE 1: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

NOTE 2: Commission Regulation (EU) No. 1178/2011 (as amended), requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and FCL.015). **If your medical records are not held by the IAA, your application will be rejected.**

Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.

1. PERSONAL DETAILS			
Surname		First Name(s)	
Title (Mr / Mrs / Ms etc.)		Date of Birth (dd/mm/yyyy)	
Nationality			
Permanent address		Postcode	
Contact Tel. No		Mobile Tel. No.	
E-mail address			
Address for correspondence (if different from above)		Postcode	

2. APPLICATION (tick as appropriate)			
I am applying for an MCCI :			
initial issue <input type="checkbox"/>	re-validation <input type="checkbox"/>	extension of privileges <input type="checkbox"/>	renewal <input type="checkbox"/>

3. DETAILS OF PILOT LICENCE(s) (Valid or Expired)			
Type of Licence	State of Issue	Licence No.	Expiry Date (if applicable)

4. DETAILS OF INSTRUCTOR CERTIFICATE(s) HELD (If applicable)			
Type of Instructor Certificate	Certificate Expiry Date	Privileges	Restrictions (e.g. Simulator only etc.)

5. PRE-COURSE FLIGHT EXPERIENCE (Initial Issue and Extension of Privileges Only)	
Tick applicable Aircraft category : Aeroplane <input type="checkbox"/> Airship <input type="checkbox"/> Powered-lift <input type="checkbox"/> Helicopter <input type="checkbox"/>	
Total flight time on time in multi-pilot operations in aircraft this category	
Please attach appropriate documentation to this application form to support the above	



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6. DECLARATION OF COURSE COMPLETION (Initial Issue or extension of MCCI privileges only)
(Attach the ATO Certificate of course completion)

I certify that (name).....
 has satisfactorily completed an approved course of training for MCCI in the Device(s) below :

State Device Type : (FNPT II/III, FTD 2/3, FFS)				
FSTD Qualification No.(s)	1.	2.	3.	4.
Competent Authority issuing Qualification certificate for the FSTD(s):				

COURSE CONTENT

The FSTD content of the applicable type rating course

Part 1:.....hours of teaching and learning training

Part 2:.....hours of technical training.

Part 3:.....hours of flight instruction in an FSTD

Approved Training Organisation (ATO) NAME:		Approval No.:	
Competent Authority issuing ATO Approval:			
Name of Head of Training (HT)			
Signature (HT)			

7. AEROPLANE - MCCI (A) Revalidation

Note: For revalidation of an MCCI certificate the applicant shall have completed the requirements of FCL.930.MCC (a) (3) on the relevant type of FNPT11/111, FTD 2/3 or FFS within the last 12 months of the validity period of the MCCI.

Expiry Date of current MCCI certificate:	
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STATE DATE of:		DATE
1.	3 hours of practical instruction on the relevant FNPT 11/111 MCC,FTD 2/3or FFS under the supervision of a TRI, SFI or MCCI nominated by the ATO for the purpose	
2.	pass an assessment of competence in accordance with FCL.920	

Please attach appropriate documentation to this application form to support the above



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8. AEROPLANE - MCCI (A) Renewal

Note: For Renewal of a MCCI Certificate the applicant shall comply with items 1,2 and 3 below:

Expiry Date of current MCCI certificate:

STATE DATE of:

DATE

- | | STATE DATE of: | DATE |
|----|--|------|
| 1. | 3 hours Flight Instruction in FSTD (FCL.930.MCCI(a)(3)) | |
| 2. | Technical Training related to the type of FSTD (FCL.930.MCCI(a)(2)) | |
| 3. | Pass the relevant sections of the assessment of competence (FCL.920) | |

Please attach appropriate documentation to this application form to support the above

9. AEROPLANE- MCCI (A) Extension of Privileges

Note: The privileges may be extended to other FSTDs representing further types of the same category of aircraft when the holder has complied with 1 and 2 & 3 below.

State FSTD Type:

Expiry Date of current MCCI Certificate:

Requirement

TICK ✓

- | | Requirement | TICK ✓ |
|----|---|--------|
| 1. | satisfactorily completed the simulator content of the relevant type rating course | |
| 2. | pass the relevant sections of the assessment of competence in accordance with FCL.920 | |
| 3. | hold an MCCI certificate; or SFI,TRI with the relevant FTD | |

Please attach appropriate documentation to this application form to support the above

10. APPLICANT'S DECLARATION

I declare that:

- | | |
|----|--|
| 1. | I do not hold a Part-FCL Instructor Certificate issued in another Member State |
| 2. | I have not applied for any Part-FCL Instructor Certificate in another Member State |
| 3. | I have never held a Part-FCL Instructor Certificate issued in another Member State which was revoked or suspended |

I further declare that the information given in this form is true and correct to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Applicant Signature:

Date:



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Part 2 – CONTINUOUS ASSESSMENT (AMC2 FCL.935 Assessment of Competence)

Note: This section should be completed by the course tutors as the applicable part of the MCCI course is completed

11. INSTRUCTOR ASSESSMENT OF COMPETENCE REPORT FORM

Section 1 GENERAL				
Item No.	Description	Pass (✓)	Fail (✓)	INSTRUCTOR SIGNATURE & DATE
Note: The Training and Assessment of instructors should be made against the performance standards at Appendix A to this form “Instructor Competencies and Assessment” (see AMC1 FCL.920):				
1.1	Safety Awareness			
1.2	Knowledge, Skills and Attitudes relevant to the role of the MCCI			
1.3	Importance of human factors in the man-machine environment and the role of CRM			
1.4	Identification and correction of errors			
1.5	Standard Operating procedures			
1.6	Training administration (Training Records etc.)			

Section 2 PRE FLIGHT BRIEFING				
Item No.	Description	Pass (✓)	Fail (✓)	INSTRUCTOR SIGNATURE & DATE
2.1	Presentation technique			
2.2	Technical accuracy			
2.3	Clarity of explanation			
2.4	Clarity of speech			
2.5	Instructional technique			
2.6	Use of training aids			
2.7	Student participation			



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Section 3 FLIGHT

Item No.	Description	Pass (✓)	Fail (✓)	INSTRUCTOR SIGNATURE & DATE
3.1	Effectiveness of demonstration exercise			
3.2	Correction of errors or techniques			
3.3	Aircraft / FSTD Operation			
3.4	Instructional technique			
3.5	Interaction with Student			

Section 4 POST FLIGHT DEBRIEFING

Item No.	Description	Pass (✓)	Fail (✓)	INSTRUCTOR SIGNATURE & DATE
Note: MCCI Instructor Applicants should demonstrate the ability to facilitate and record a constructive and inclusive de-brief, identifying positive aspects of the Assessment and also areas that need improvement or re-assessment.				
4.1	Presentation technique			
4.2	Technical accuracy			
4.3	Clarity of explanation			
4.4	Clarity of speech			
4.5	Instructional technique			
4.6	Use of training aids			
4.7	Student participation			



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12. CONTINUOUS ASSESSMENT OF COMPETENCE

Device Type:			
Location:			
Start Date:		Finish Date:	
RESULT	PASS	(Tick ✓) <input type="checkbox"/>	FAIL <input type="checkbox"/>

MCCI APPLICANT NAME:

Applicant Signature		Date	
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SUPERVISING INSTRUCTOR:

I HEREBY CERTIFY COMPLETION OF THE Assessment of Competencies for MCCI Instructor Privileges for the above names Instructor Applicant:

Name: (BLOCK CAPITALS)			
Signature:		DATE	

13. SUBMISSION INSTRUCTIONS

Send your completed application form to:
Personnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.

Please enclose the following (as applicable to your application) :-

1. Copy of relevant logbook pages **(if Applicable)**
2. Copy of Instructor Certificates detailed at item 4 above **(Initial Issue)**
3. Original supporting certificates for this application **(as applicable)** e.g. cert of completion etc.
4. Copy of ATO Certificate **(as applicable)**
5. Original Course Completion Certificate **(if Applicable)**
6. Original Assessment of Competence Report Form
7. Copy of FSTD Qualification Certificate **(as applicable)**
8. Payment form **(section 14)** completed

Note 1: As individual requirements may vary, the Authority may require additional documentation

Note 2: Failure to submit all required documentation may result in the return of your application



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14. IAA PAYMENT FORM

The current fee can be found in the ['Synopsis of Fees for Personnel Licensing'](#) on the IAA website (www.iaa.ie).

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) Order](#).

I am paying by:

CREDIT CARD DEBIT CARD LASER CHEQUE POSTAL ORDER

- PLEASE DO NOT SEND CASH -

Please make cheques payable to **'Irish Aviation Authority'**.

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals).

Name of Card holder (as stated on the card) _____

Card Number

Valid from: / Expiry Date /

Security Code (last 3 digits on signature strip on reverse of card)

Note: All credit card details are destroyed upon completion of the transaction.