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Part 1 – APPLICATION

This form is intended for applicants for a MPA TYPE RATING INSTRUCTOR CERTIFICATE issued in accordance with EC Reg. 216/2008 and EC 1178/2011, Annex I, subpart J, section 4 – TRI

Please complete the form in BLOCK CAPITALS.

1. PERSONAL DETAILS – INSTRUCTOR APPLICANT

Surname..... First Name(s).....
 Title (Mr / Mrs / Ms etc)..... Date of Birth (dd/mm/yyyy).....
 Nationality.....
 Permanent address.....

 Contact Tel. No. Mobile Tel. No.
 E-mail address.....
 Date of Application: / /

2. APPLICATION (tick as appropriate)

I am applying for the: (Tick✓) initial issue / re-validation / renewal / extension of privileges
 of the Instructor Certificate indicated below:

Aircraft Type:


Note: If a person holds a TRI certificate on more than one Type of aircraft within the same category, the assessment of competence taken on one of those Types shall revalidate the TRI certificate for the other Types held within the same category of aircraft. Please fill in a separate form for each TRI certificate you wish to apply for.

3. DETAILS OF APPLICANTS LICENCE

Licence Grade	Licence Ref. No	Licence Expiry Date (if applicable)	Type Rating or LPC	Type Rating Expiry Date

4. DETAILS OF INSTRUCTOR CERTIFICATE(S) HELD (IF APPLICABLE)

Type / Privileges of Instructor Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator only etc.)
TYPE TRI <input type="checkbox"/> SFI <input type="checkbox"/>		
TYPE TRI <input type="checkbox"/> SFI <input type="checkbox"/>		

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5. PRE-COURSE FLIGHT EXPERIENCE (Initial Issue Only)	
Total flight time on Multi Pilot Aeroplanes	
Route sectors, including take-offs and landings, as PIC or Co-pilot on the applicable aeroplane Type within the 12 months preceding the date of application	
Route sectors as PIC or Co-pilot on FFS representing the applicable aeroplane Type within the 12 months preceding the date of application	

6. DECLARATION OF COURSE COMPLETION (FCL.930) (Initial Issue Only)			
Approved Training Organisation (ATO):		ATO Approval No:	
ATO Approval issued by :			
I certify that (name) has: Successfully completed an approved TRI (A) Training Course in accordance with ATO Approved Training Manual for the specified aircraft Type.			
AIRCRAFT TYPE:			
The course consisted of:			
i) At least 25 hours of teaching and learning		(Tick ✓)	<input type="checkbox"/>
OR			
ii) credit towards the teaching and learning was given in accordance with FCL.930.TRI (b)		(Tick ✓)	<input type="checkbox"/>
Type of INSTRUCTOR CERTIFICATE held	Expiry Date:.....		
(Please attach copy to this application)			
iii)hours of technical training.		(Tick ✓)	<input type="checkbox"/>
iv)hours of flight instruction in a FFS		(Tick ✓)	<input type="checkbox"/>
and / or hours of Flight instruction in an Aeroplane		(Tick ✓)	<input type="checkbox"/>
Name of Approved Signatory (ATO) :			
Signature of Approved Signatory (ATO):		Date:	



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7. Aeroplane - TRI (A) Revalidation

For revalidation of a TRI(A) certificate, the applicant shall, within the last 12 months preceding the expiry date of the certificate, fulfil one of the requirements at 1,2 or 3 below:

Expiry Date of current TRI certificate:		Enter Date of relevant revalidation requirement below	IAA USE ONLY
1.	Conduct one of the following parts of a complete Type Rating training course: i) simulator session of at least 3 hours (Tick ✓) <input type="checkbox"/> Or ii) or one air exercise of at least 1 hour comprising a minimum of 2 take-offs and landings; (Tick ✓) <input type="checkbox"/>		
2.	Receive instructor refresher training as a TRI at an ATO (Tick ✓) <input type="checkbox"/>		
3.	Pass an assessment of competence in accordance with FCL.935. (Mandatory if your previous TRI revalidation was based on 1 or 2 above) (Tick ✓) <input type="checkbox"/>		

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

Note: For at least each alternate revalidation of a TRI certificate; the holder shall have to pass the assessment of competence in accordance with FCL.935.

8. Aeroplane - TRI (A) Renewal

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

Expiry Date of last TRI certificate:	Enter Date of relevant renewal requirement below (if applicable)	IAA USE ONLY
1.	- completed within the last 12 months preceding the application at least 30 route sectors, to include take-offs and landings on the applicable aeroplane Type, of which not more than 15 sectors may be completed in a flight simulator Please supply copy of logbook pages	
2.	- completed the relevant parts of a TRI course at an approved ATO	
3.	- conducted on a complete Type rating course at least 3 hours of flight instruction on the applicable Type of aeroplane under the supervision of a TRI (A)	

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



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9. Aeroplane - TRI (A) Extension of Privileges to another Type

Where the privileges of a TRI (A) are restricted to the Type of aeroplane in which the training and the assessment of competence was taken. The privileges of the TRI shall be extended to further Types when the TRI has:

			IAA USE ONLY
1.	- completed within the 12 months preceding the application, at least 15 route sectors, including take-offs and landings on the applicable aircraft Type, of which 7 sectors may be completed in an FFS (Tick ✓) <input type="checkbox"/>	Please supply copy of logbook pages	
2.	- completed the technical training and flight instruction parts of the relevant TRI course; (Tick ✓) <input type="checkbox"/>	Please supply copy of relevant parts of TRI course	
3.	- passed the relevant sections of the assessment of competence in accordance with FCL.935 in order to demonstrate to an FIE or a TRE qualified in accordance with Subpart K his/her ability to instruct a pilot to the level required for the issue of a Type rating, including pre-flight, post-flight and theoretical knowledge instruction. (Tick ✓) <input type="checkbox"/>	Please supply original Assessment of Competence	


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

10. Aeroplane - TRI (A) Restricted Privileges

For addition of a privilege or removal of a restricted privilege on a TRI(A) Please complete this section

			IAA USE ONLY
I hereby apply for the addition the PRIVILEGE below:	(✓)	Expiry Date of current TRI certificate:/...../.....	
1. Simulator and Aircraft	<input type="checkbox"/>	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
2. Aircraft only	<input type="checkbox"/>	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
3. Simulator only	<input type="checkbox"/>	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
4. Simulator only plus ZFTT LIFUS	<input type="checkbox"/>	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
5. Simulator only plus take-off and landings (Base Training)	<input type="checkbox"/>	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	

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

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11. INSTRUCTOR 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.....

Note: 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.

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Part 2 – ASSESSMENT

TRI (A) APPLICANT NAME:	
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Please complete the form in **BLOCK CAPITALS**

A. Declaration by the Instructor Applicant: I understand that I am undertaking an Assessment of Competence in the role of Instructor and must pass Sections 1 through 5 of Part 2 - ASSESSMENT.

Instructor Applicant Signature :		DATE:	
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B. INSTRUCTOR ASSESSMENT OF COMPETENCE REPORT FORM

Section 1 GENERAL

Item No.	Description	Pass (✓)	Fail (✓)	Comments
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	Aircraft Technical knowledge			
1.3	Knowledge, Skills and Attitudes relevant to the role of the TRI			
1.4	Importance of human factors in the man-machine environment and the role of CRM			
1.5	Identification and correction of errors			
1.6	Standard Operating procedures			
1.7	Training administration (Training Records – course approvals, Aircraft, FSTD approvals etc.)			

Section 2 PRE FLIGHT BRIEFING

Item No.	Description	Pass (✓)	Fail (✓)	Comments
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 (✓)	Comments
3.1	Effectiveness of demonstration exercise			
3.2	Correction of errors or techniques			
3.3	Aircraft / FSTD Operation			
3.4	Instructional technique			
3.5	General airmanship and safety			
3.6	Positioning and use of airspace			
3.7	Interaction with Student			

Section 4 POST FLIGHT DEBRIEFING (AMC1)

Item No.	Description	Pass (✓)	Fail (✓)	Comments
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Note: 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			

Section 5 OTHER EXERCISES

Item No.	Description	Pass (✓)	Fail (✓)	Comments
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Additional demonstration exercises, related to the Training requirements for the applicable Instructor certificate and / or items from Appendix A – (AMC1 FCL.920) Instructor Competencies and Assessment

5.1				
5.2				
5.3				




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C. NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE

Instructor Applicant Name:							
FSTD ID No. or Aircraft Registration:							
Location:							
Aircraft Type:							
Time ON Blocks :		Time OFF Blocks:		TOTAL Time :			
Candidate(s) Observed under Training		Name(s)			Licence Number(s)		
(i) PF	<input type="checkbox"/>	PM	<input type="checkbox"/>				
(ii) PF	<input type="checkbox"/>	PM	<input type="checkbox"/>				
Specify Type of Training conducted by Instructor Applicant (Tick ✓)		FSTD		<input type="checkbox"/>	AIRCRAFT TRAINING		<input type="checkbox"/>
RESULT (Tick ✓)		PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>	If result is Fail, report details in Section D.	
INSTRUCTOR APPLICANT:							
Signature :					Date:		
Examiner Declaration:							
I hereby certify completion of the Assessment of Competence for Instructor Privileges for the above named Instructor Applicant:							
Name : (Block Capitals)							
Signature :					Date:		

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For IAA Use Only:			
Instructor Certificate Application Review :	Issue <input type="checkbox"/>	Do Not Issue <input type="checkbox"/>	
NEW CERTIFICATE EXPIRY DATE:			
Restrictions:			
Approved by IAA Authorised Officer (Name):			
Signature:		Date:	

E. GENERAL GUIDANCE TO INSTRUCTOR APPLICANTS

Instructor competencies and assessment (Ref FCL.920)

All instructors are required to demonstrate the following competencies:

- Prepare resources,
- Create a climate conducive to learning,
- Present knowledge,
- Integrate Threat and Error Management (TEM) and crew resource management,
- Manage time to achieve training objectives,
- Facilitate learning,
- Assess trainee performance,
- Monitor and review progress,
- Evaluate training sessions,
- Report outcome.

Assessment of competence (Ref FCL.935)

An applicant for an instructor certificate shall pass an assessment of competence in the appropriate aircraft category to demonstrate to a qualified examiner the ability to instruct a student pilot to the level required for the issue of the relevant licence, rating or certificate.


This assessment shall include:

- 1) the demonstration of the competencies described in FCL.920, during pre-flight, post-flight and theoretical knowledge instruction;
- 2) oral theoretical examinations on the ground, pre-flight and post-flight briefings and in-flight demonstrations in the appropriate aircraft , type or FSTD;
- 3) exercises adequate to evaluate the instructor's competencies.

The assessment shall be performed on the same type of aircraft or FSTD used for the flight instruction.

When an assessment of competence is required for revalidation of an instructor certificate, an applicant who fails to achieve a pass in the assessment before the expiry date of an instructor certificate shall not exercise the privileges of that certificate until the assessment has successfully been completed.

If the assessment of competence is conducted in an FFS for the purpose of the issue of a TRI, the TRI certificate shall be restricted to flight instruction in FFSs.

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The restriction shall be lifted when the TRI has passed the assessment of competence on an aircraft.

TRI (A) APPLICANT NAME:	
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F. 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.