



PLEASE PRINT and use (dd/mm/yy) date format

**SFI INITIAL, REVALIDATION AND RENEWAL APPLICATION**

INITIAL

REVALIDATION

RENEWAL

(cross applicable boxes)

**APPLICANT'S IDENTIFICATION**

NAME (SURNAME FIRST)		ADDRESS		
EMPLOYER	NATIONALITY	DATE OF BIRTH	PASSPORT NO.	DATE OF EXPIRY
TYPE OF LICENCE	LICENCE NO.	LICENCE EXPIRY DATE	RATING HELD	

SFI APPLICATION ON AEROPLANE TYPE: ..... EXPIRY DATE OF SFI: ..... (Not required for Initial)

**FLYING EXPERIENCE (complete for initial issue)**

ALL FLYING HOURS ON A MULTI PILOT AEROPLANES: ..... TYPE OF AEROPLANE: .....

**DECLARATION BY APPLICANT**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF BAHRAIN AND THE REGULATIONS ISSUED THEREUNDER.

APPLICANT SIGNATURE: ..... DATE: .....

**CONDITIONS AND EXPERIENCE (complete A for initial issue, Part B will be completed by authorized TRI)**

A- I certify that the applicant has successfully completed the simulator content of the applicable type rating course at an approved FTO or TRTO.  
Place: ..... Date: ..... and has successfully completed an approved TRI course at an approved FTO or TRTO.: Place: ..... Date: ..... and within the last 12 months preceding the application completed a proficiency check on a flight simulator of the applicable type. Place: ..... Date: ..... and within the last 12 months preceding the application completed at least 3 route sectors as observer on the flight deck of the applicable type or similar type as agreed by the BCAA.

Place: ..... Date: .....

Post Holder Training Name and Signature: ..... Licence No.: ..... Date: .....

B- TRI Assessment: Conducted on a complete type rating course at least 3 hours of flight instruction as instructor on the applicable type under supervision and satisfaction of a TRI selected by the BCAA. Simulator Type:..... Location:.....

Name of TRI: ..... Signature: ..... Licence No.: ..... Date: .....

**CONDITIONS AND EXPERIENCE (complete C for Revalidation D & E for Renewal, E will be completed by authorized TRI)**

C- I certify that the applicant in the last 12 months within the validity period of the authorization: conducted one simulator session of a at least 3 hours as part of a complete type rating/refreshers/recurrent training course (FCL 1.415(a)(1)). . Place: ..... Date: ..... and completed a proficiency check as set out in App 1 and 2 to FCL 1.240 on a flight simulator of the appropriate type (FCL 1.415(a)(2)). Place: .....Date: .....

Post Holder Training Name and Signature: ..... Licence No.: ..... Date: .....

D- I certify that the applicant: completed the simulator content of the applicable type rating course (FCL 1.415(b)(1)

Place: ..... Date: ..... and successfully completed an approved TRI(MPA) course, agreed by the BCAA

(Appendix 1 to FCL 1.365 and AMC FCL 1.365) (FCL 1.415(b)(2)Place:..... Date:.....and

completed a proficiency check as set out in Appendix 1 to FCL 1.240 on a flight simulator of appropriate type. (FCL 1.415(b)(4))

Place: ..... Date: .....

Post Holder Training Name and Signature: ..... Licence No.: ..... Date: .....

E- TRI Assessment: Conducted on a complete type rating course at least 3 hours of flight instruction related to the duties of a TRI (MPA) on the applicable type of aeroplane under supervision and satisfaction of a TRI selected by the BCAA. (FCL 1.415(b)(3)) Place:

..... Date: .....

Name of TRI: ..... Signature: ..... Licence No.: ..... Date: .....

**BCAA USE**

The following have been sighted: Log Book  Licence  Training Record

Valid until: ..... Rating Granted  Rating Revalidated  Rating Renewed

Inspector Name: ..... Signature: ..... Date: .....

Please attach TRI assessment report