



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

## TRI 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	

TRI APPLICATION ON AEROPLANE TYPE: ..... MEDICAL VALID UNTIL: .....

### FLYING EXPERIENCE (complete for initial issue)

Total flying hours: ..... PIC on type hours (MPA): ..... STD hours as SFI: ..... MPA hours: .....

### 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 authorised TRI)

**A-** I certify that the applicant has completed with the last 12 months 30 sectors, including take-offs and landing as PIC or Co-pilot on the applicable type, or similar type as agreed by the BCAA, of which not more than 15 sectors may be completed in a flight simulator.

Aeroplane sectors: ..... simulator sectors: ..... **and**

has successfully completed an approved TRI course in accordance with FCL, hours during course: ..... approved

TRTO or FTO name: ..... Instructor name: ..... 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 TRI on the applicable type and/or flight simulator under supervision and satisfaction of a TRI selected by the BCAA for this purpose. (FCL 1.365 and AMC 1.365)

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

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

**C-** I certify that the applicant in the last 12 months has given instructions as a TRI on flight simulator. .... hours (see FCL 1.370(a)(1)(i) or on aeroplane ..... hours (see FCL 1.370(a)(1)(ii) or received complete TRI refresher training acceptable to the BCAA. Place: ..... Date: ..... Expiry date of TRI: .....

**D-** Completed within the 12 months preceding the application at least 30 sectors, to include take-offs and landing as pilot-in-command or co-pilot on the applicable aeroplane type, or a simulator type as agreed by the BCAA, of which not more than 15 route sectors may be completed in a simulator ( FCL 1.370(b)(1). Aeroplane sectors: ..... Simulator sectors: .....

**and** successfully completed the relevant parts of an approved TRI(MPA) course, agreed by the BCAA (Appendix 1 to FCL 1.365 AMC FCL 1.365), taking into account the recent experience of the applicant. 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 and/or flight simulator under supervision and satisfaction of a TRI selected by the BCAA for this purpose.

Place: ..... Date: ..... Expiry date of TRI: .....

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