

Application for Issue of an Instructor Certificate in Accordance with Part-FCL



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by CAA)

Please read attached Guidance Notes before completing this form.

European 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 Part FCL.015).

If your medical records are not held by the UK CAA, your application will be rejected.

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT DETAILS

(The Applicant is responsible for payment of CAA charges)
To be completed by the Applicant

CAA Personal reference number (if known):

Title: Forename(s): Surname:

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent Address:

Postcode:

Telephone: Alternative telephone Number:

E-mail: Fax Number:

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

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Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European 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 Part-FCL.015).

4. PARTICULARS OF UK OR THIRD COUNTRY ICAO LICENCES HELD				To be completed by the Applicant	
Issuing Authority	Type/Class of Licence	Licence Number	Expiry Date		

5. RATINGS HELD						To be completed by the Applicant
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Part-FCL Licence.						
Rating or Certificate held	Single-Pilot (SP) or Multi-Pilot (MP)	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only

6. APPLICATION (See Guidance Notes) (tick as appropriate)		To be completed by the Applicant
I am applying for:		
Flight Instructor FI (A)	☐	FI (H) ☐ FI (B) ☐ FI (AS) ☐ FI (S) ☐
Type Rating Instructor TRI(A) (Please specify type)		
Type Rating Instructor TRI(H) (Please specify type)		
Type Rating Instructor TRI(PL) (Please specify type)		
Class Rating Instructor CRI	SE ☐	ME ☐ SE & ME ☐
Instrument Rating Instructor IRI	(A) ☐	IRI (H) ☐ IRI(AS) ☐
Synthetic Flight Instructor SFI	(SPA) ☐	(MPA) ☐ (H) ☐ (PL) ☐
Multi-Crew Cooperation Instructor MCCI	☐	Flight Test Instructor FTI ☐
Synthetic Training Instructor STI	(A) ☐	(H) ☐ (Applicants for the STI only please go to section 9)

7. PRE-COURSE FLIGHT EXPERIENCE (FI ONLY):				To be completed by the Applicant	
	FI(A)	FI (H)	FI(As)	FI(B)	FI(S)
Total flight time (FCL.915.FI)					
Total flight time as Pilot In Command (PIC) (FCL.915.FI)					
Total flight time on Single Engine Piston Powered Aeroplanes (FCL.915.FI (b)(3))					
Total flight time VFR Cross Country as PIC (FCL.915.FI (a)(2))					
Date of 540km (300 nm) cross country flight (FCL.915.FI(b)(4))					
Instrument flight instruction (FCL.915.FI (a)(1))					
Total number of launches as PIC of Sailplanes (FCL.915.FI (e))					
Total flight time on Class of Balloon (FCL.915.FI(f))					

8. PRE-COURSE FLIGHT EXPERIENCE (CRI/IRI/TRI/SFI/MCCI/FTI):				To be completed by the Applicant		
	TRI	MCCI	CRI	IRI	SFI	FTI
Total flight time Aircraft (FCL.915.TRI), (FCL.915.CRI), (FCL.915.IRI)						
Total flight time on Multi Pilot Aircraft (FCL.915.TRI), (FCL.915.SFI(c), (FCL.915.MCCI(b))						
Route sectors in preceding 12 months in accordance with (FCL.915.TRI), (FCL.915.SFI(c)(2))						
Total flight time as Pilot in Command (PIC) for Single Pilot Multi Engine Aircraft, (FCL.915.TRI(d)(2), (FCL.915.CRI(a))						
Flight time on aeroplanes including flight time on type as PIC (FCL.915.TRI(c)(2), (FCL.915.CRI(b))						
Total Flight time in accordance with IFR in aircraft (FCL.915.IRI)						
Total Flight time in accordance with IFR in Flight simulator (FCL.915.IRI)						
Number of Category 1 or 2 Flight Test conducted (FCL.915.FTI)						

9. SYNTHETIC TRAINING INSTRUCTOR PRE-REQUISITE REQUIREMENTS (Aeroplane and Helicopter) To be completed by the Applicant
STI(A&H) only I certify that has completed the relevant Proficiency Check within the preceding 12 months in the following Class / Type on (date) STI(H) only I certify that has completed at least one hour as an observer on the flight deck of the following helicopter type on (date)

10. SYNTHETIC TRAINING INSTRUCTOR COURSE COMPLETION (Aeroplane and Helicopter)**To be completed by the ATO conducting the Training**

I certify that (name) has satisfactorily completed an approved course of training in accordance with Part-FCL for the following course:

STI (A) ☐ (H) ☐ on the following simulator: FNPTII/III ☐ FTD 2/3 ☐ FFS ☐

Total hours of flight instruction related to duties of STI on course: hrs

FSTD Identification Number of simulator used (which must be issued in accordance with Commission Regulation (EU) 1178/2011):

Competent Authority issuing Qualification certificate for the simulator:

Approved Training Organisation: ATO Approval No:

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

Applicants for the STI only please go to Section 15.

11. CONFIRMATION OF THEORETICAL KNOWLEDGE EXAMINATIONS COMPLETED (PPL Holders only)**To be completed by the ATO conducting the Training**

Confirmation of Theoretical Knowledge training course completed: CPL ☐ ATP ☐

Category of Examinations: Aeroplane ☐ Helicopter ☐ Airship ☐

Theoretical Knowledge training completed on course: Hours

Approved Training Organisation: ATO Approval No:

Competent Authority issuing Approval:

Name of Head of Training:

Give details of Competent Authority with whom the Examinations were taken:

Certified copied of results to be provided with application and Certified copy of ATO approval Certificate (if training ATO and examinations not subject to UK CAA approval)

Signature (Head of Training): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**12. FI PRE-ENTRY FLIGHT TEST****To be completed by the ATO conducting the Training**

I recommended (name) for the Flight Instructor Course.

Date of satisfactory pre-entry flight test:

Name of FI qualified in accordance with FCL.905.FI(i) who conducted

flight test (block capitals):

Licence Number: Competent Authority issuing Licence:

Approved Training Organisation (ATO): ATO Approval No:

Competent Authority issuing Approval:

Signature (FI who conducted flight test): Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1