

## FLIGHT CHECK APPLICATION & CHECKLIST FOR TRI, SFI & FTI

**Notes:** 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. Please mark  in the appropriate boxes

- TRI                       SFI                       FTI  
 INITIAL ISSUE         RENEWAL             REVALIDATION         UPGRADE / ADDITION  
 SINGLE PILOT         MULTI PILOT         SINGLE ENGINE         MULTI ENGINE

### A - APPLICANT DETAILS

(To be completed by the Applicant)

Name of the Applicant:.....

Date of Birth (dd/mm/yyyy): ..... Place of Birth: ..... Nationality: .....

Postal Address: .....

Mobile No.:..... Email: .....

DGCA License No. of the Applicant:..... Operator/Organization Name:.....

Type/Variant of Aircraft:..... Aircraft Registration/Simulator ID:.....

### B - DETAILS OF LICENSE

(To be completed by the Applicant)

License Type	License No.	License Expiry Date	Type Rating or LPC	Type Rating Expiry Date

### C - DETAILS OF EXAMINER/INSTRUCTOR CERTIFICATE(S) HELD (IF APPLICABLE)

(To be completed by the Applicant)

Type/Privileges of Instructor Certificate						Expiry Date	Restrictions
Type		TRI		SFI		FTI	
Type		TRI		SFI		FTI	
Type		TRI		SFI		FTI	
Type		TRI		SFI		FTI	
Type		TRI		SFI		FTI	
Type		TRI		SFI		FTI	

### D - PRE-COURSE FLIGHT EXPERIENCE (INITIAL ISSUE ONLY)

(To be completed by the Applicant)

Total Flight Time	
Route sectors, including take-offs and landings, as PIC or Co-pilot on the applicable aircraft Type within the 12 months preceding the date of application	
Route sectors as PIC or Co-pilot on FFS representing the applicable aircraft Type within the 12 months preceding the date of application	

**E – DECLARATION OF COURSE COMPLETION (INITIAL ISSUE ONLY)**

**(To be completed by the ATO)**

ATO:	ATO Approval No.:
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I certify that (name of applicant) .....  
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 OR
- ii) Credit towards the teaching and learning was given in accordance with FCL.930.TRI (b)  
Type of EXAMINER/INSTRUCTOR CERTIFICATE held ..... Expiry Date:.....
- iii) .....hours of technical training.
- iv) .....hours of flight instruction in a FFS and/or ..... hours of Flight instruction in an Aircraft.

Name of Approved Signatory (ATO):	
Signature of Approved Signatory (ATO):	Date:

**F – TRI REVALIDATION**

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

Expiry Date of current TRI certificate:	Enter Date of relevant revalidation requirement below	DGCA Use Only
<b>1.</b> For TRI (A), conduct one of the following parts of a complete Type Rating training course:		
i) Simulator session of at least 3 hours or		
ii) or one air exercise of at least 1 hour comprising a minimum of 2 takeoffs and landings;		
For TRI (H) and TRI (PL), experience as TRI for the last 3 years and preceding 12 months from the date of expiry		
Type	3 Years (Min 50 hrs)	12 Months (Min 15 hrs)
<b>2.</b> Receive instructor refresher training as a TRI at an ATO		
<b>3.</b> Pass an assessment of competence in accordance with FCL.935. (Mandatory if your previous TRI revalidation was based on 1 or 2 above)		

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 KCASR FCL.935.**

### G - TRI RENEWAL

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

Expiry Date of last TRI Certificate:		Enter Date of relevant renewal requirement below (if applicable)	DGCA Use Only
1.	For TRI (A), completed within the last 12 months preceding the application at least 30 route sectors, to include take-offs and landings on the applicable aircraft Type, of which not more than 15 sectors may be completed in a flight simulator.	<b>Please supply copy of logbook pages</b>	
	For TRI (H) and TRI (PL), receive instructor refresher training as a TRI at a DGCA approved ATO, which should cover the relevant elements of the TRI Training Course.		
2.	For TRI (A), completed the relevant parts of a TRI course at an approved ATO.		
	For TRI (H) and TRI (PL), pass the assessment of competence in accordance with FCL.935 in each of the types of aircraft in which renewal of the instructional privileges is sought.		
3.	For TRI (A), conducted on a complete Type rating course at least 3 hours of flight instruction on the applicable Type of aircraft under the supervision of a TRI (A).		

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

### H - TRI EXTENSION OF PRIVILEGES TO ANOTHER TYPE

Where the privileges of a TRI (A) are restricted to the Type of aircraft 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:

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.	<b>Please supply copy of logbook pages</b>	<b>DGCA Use Only</b>
2.	Completed the technical training and flight instruction parts of the relevant TRI course.	<b>Please supply copy of relevant parts of TRI course</b>	
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 <b>Subpart K</b> 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.	<b>Please supply original Assessment of Competence</b>	

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

### I – TRI RESTRICTED PRIVILEGES

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

I hereby apply for the addition the PRIVILEGE below:		Expiry date of current TRI Certificate:	DGCA Use Only
1.	Simulator and Aircraft	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
2.	Aircraft only	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
3.	Simulator only	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
4.	Simulator only plus ZFTT LIFUS	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	
5.	Simulator only plus take-off and landings (Base Training)	Attach Evidence of applicable Assessment of Competence(s) to add Privilege	

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

### J – ASSESSMENT

#### SECTION 1

#### GENERAL

*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):*

S/No.	Description	Pass	Fail	Comments
1.1	Right Level of 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 - Demonstrate adequate knowledge of the relevant parts of KCASR FCL			
1.7	Training administration (Training Records – course approvals, Aircraft, FSTD approvals etc.)			
1.8	Manage time efficiently			

**SECTION 2**

**PRE-FLIGHT BRIEFING**

*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):*

S/No.	Description	Pass	Fail	Comments
2.1	Good Presentation technic			
2.2	Good Technical accuracy / Knowledge			
2.3	Clarity of explanation			
2.4	Clarity of speech			
2.5	Instructional technique			
2.6	Correct Use of training aids			
2.7	Good Involvement of Student participation, Invite student to ask questions.			

**SECTION 3**

**FLIGHT**

*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):*

S/No.	Description	Pass	Fail	Comments
3.1	Assertiveness of Instructor			
3.2	Use correct CRM and ensure Student is doing it			
3.3	Effectiveness of demonstration exercise			
3.4	Good Guidance provided to the student			
3.5	Correction of errors or techniques			
3.6	Aircraft / FSTD Operation			
3.7	Instructional technique			
3.8	General airmanship and safety			
3.9	Good Positioning and use of airspace			
3.10	Good Interaction with Student			

**SECTION 4**

**POST FLIGHT DEBRIEFING**

*Note: 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.*

S/No.	Description	Pass	Fail	Comments
4.1	Good Presentation technique			
4.2	Good Technical accuracy / Knowledge			
4.3	Clarity of explanation			
4.4	Clarity of speech			
4.5	Instructional technique			
4.6	Correct Use of training aids			
4.7	Good Interaction with Student participation			

**SECTION 5**

**OTHER EXERCISES**

*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*

S/No.	Description	Pass	Fail	Comments
5.1				
5.2				
5.3				
5.4				

**K - DECLARATION OF APPLICANT**

**(To be completed by the Applicant)**

**(Select all those that are applicable to your application)**

YES

NO

ALL - I declare that the information provided on this form is true to the best of my knowledge and belief.



ALL - I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.



ALL - I declare that I hold the instructor privileges applicable for the examiner certificate I am applying for in the appropriate aircraft category.



ALL - I declare that I have not been subject to any sanctions, including the suspension, limitation or revocation of any of my licences, ratings or certificates issued in accordance with ICAO standards for non-compliance during the last 3 years.



Revalidation only - I declare I have completed at least 2 skill tests, proficiency checks or assessments of competence every year during the last period of validity. (if YES please provide the list of events conducted, if NO you must meet the requirements of a renewal as described in Part-FCL.1025(c).



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

 <p><b>الطيران المدني</b> <b>Civil Aviation</b> الإدارة العامة للطيران المدني - دولة الكويت Directorate General of Civil Aviation - State of Kuwait</p>	 <p>State of Kuwait دولة الكويت</p>	 <p><b>ASD</b> <b>Aviation Safety</b> إدارة سلامة الطيران Department</p>
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<b>L - RESULT (Result Certified by Examiner &amp; Approved by Kuwait DGCA)</b>	
<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
<b>Name of Examiner:</b>	<b>Signature:</b>
<b>Examiner No.:</b>	
<b>Date:</b>	

<b>M - FOR OFFICIAL USE ONLY (DGCA/ASD)</b>	
Date of Receipt:	
Enclosures Checked by Name: _____ Section: _____	
Application Accepted: <input type="checkbox"/>	Rejected: <input type="checkbox"/> Pending: <input type="checkbox"/> Approved: <input type="checkbox"/>
Remarks:	
<b>Name and Signature of DGCA/ASD Inspector:</b>	<b>Date:</b>

<b>N - DELIVERY INSTRUCTIONS</b>
<p>This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  <b>Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.</b>  <b>Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: <a href="mailto:safety@dgca.gov.kw">safety@dgca.gov.kw</a></b></p> <p><i>Note 1: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees</i>  <i>Note 2: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.</i></p>

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;	
<b>CONFIRMATION OF BANK DETAILS</b>	
<b>Name of Bank</b>	CENTRAL BANK OF KUWAIT
<b>Branch</b>	KUWAIT
<b>Account Name</b>	DIRECTORATE GENERAL OF CIVIL AVIATION
<b>Account Number</b>	11023041
<b>IBAN Number</b>	KW 17 CB KU 0000000000000011023041
<b>Bank Code/ Sort Code/ Swift Code</b>	CBKUKWKW
<b>Currency of Payment</b>	KWD

**O - INSTRUCTIONS / GUIDANCE:**

**REQUIREMENTS & FILLING INSTRUCTIONS**

**Requirements:** (All application shall be accompanied with **cover letter** )and

- For INITIAL: - [a. Training Certificate/previous privilege, b. CV (Flight Time & on type), c. Last PPC.]
- For RENEWAL or re-authorization [Last PPC & Refresher]
- For UPGRADE/AMENDMENT: Training certificate TRI/SFI course, and recent experience (last PPC form that applicant conducting an Instructor functions, for AMENDMENT, Write existing SFI/TRI no and expiration of SFI/TRI holder only, else leave DATE blank
- For ADD RATING: Attach previous authorization and new Rating experience

**Filling Instruction:**

**A. APPLICATION TYPES: INITIAL, RENEWAL, UPGRADE OR AMENDMENT**

- Initial issue: (SFI, TRI, FTI select applicable item for Initial issue of Instructor)
- Application OR adding Aircraft Type /Model: fill aircraft type for applicable aircraft OR add for upgrade write Manufacture, make model and series as in EASA Type rating designations
- On: Aircraft &/ Simulator, For SFI Automatically the authorization will be for Simulator.  
Note: for TRI that is not currently flying in an aircraft (due to their medical or other reason that they cannot fly), may request on Aircraft only with TRI number as the database will retain the same number.

**B. APPLICANT DETAILS & ISSUING AUTHORITY: DGCA / OTHER AUTHORITY ENDORSEMENT**

Write applicant Name, Operator, ATO name, License details

Note: For Validation; write VAL followed by license validity,