



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