



Form No. FOD.F.802b

Version No. 2

Issue Date: 21/07/2010

**APPLICATION FOR A TRI(H)
RATING OR AUTHORISATION FOR
A TRE(H), SFE(H), SFI(H), IRE (H)
(MULTI-PILOT HELICOPTER [MPH])**

APPLICATION FOR A TRI RATING OR AUTHORISATION FOR A TRE(H), SFE(H), SFI(H), MULTI-PILOT HELICOPTER [MPH])

Please complete the form in **BLOCK CAPITALS**.

The requirements for this application are in accordance with JAR-FCL 1, 2 and 4 Subpart H/I.

PART ONE

SECTION ONE: APPLICANT DETAILS

IAA Reference Number (if known):

JAR Licence No.: State of Issue:

1 (a) Name: Title: Surname: Forename:

Nationality: Place of Birth (Town): (Country):

Date of birth (dd/mm/yyyy):

1 (b) Address:

..... Postcode: Country:

1 (c) Postal Address (if different from above):

..... Postcode: Country:

1 (d) Contact details:

Phone No.: Mobile No:

Fax No: E-mail address:

SECTION TWO: APPLICATION

2 (a) I am applying for:

Initial Issue Add Additional Type Upgrade Revalidation / Renewal

Rating		Authorisation	
Type Rating Instructor (TRI)(H)	<input type="checkbox"/>	Type Rating Examiner (TRE)(H)	<input type="checkbox"/>
		Synthetic Flight Examiner (SFE)(H)	<input type="checkbox"/>
		Synthetic Flight Instructor (SFI)(H)	<input type="checkbox"/>
		Instrument Rating Examiner (IRE)(H)	<input type="checkbox"/>

2 (b) Applicant certifier: Employer Sponsor Company Name:

TRTO FTO AOC Approval No.:



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2 (c) Please give expiry of applicable ratings or authorisations (dd/mm/yyyy):

Rating		Expiry	Authorisation		Expiry
Type Rating Instructor (TRI)(H)	<input type="checkbox"/>		Type Rating Examiner (TRE)(H)	<input type="checkbox"/>	
			Synthetic Flight Examiner (SFE)(H)	<input type="checkbox"/>	
Licence Proficiency Check (LPC)(H)	<input type="checkbox"/>		Synthetic Flight Instructor (SFI)(H)	<input type="checkbox"/>	
			Instrument Rating Examiner (IRE)(H)	<input type="checkbox"/>	

SECTION THREE: HELICOPTER TYPES TO BE INCLUDED ON RATING / AUTHORISATION

	For Helicopter (e.g. TRE)	For Simulator (e.g. SFE)
Applicable Helicopter Type(s):		

SECTION FOUR: FLYING EXPERIENCE

Total Number of Flying Hours (Initial Issue Only) SPH:	
Total Number of Flying Hours (Initial Issue Only) MPH:	
Number of PIC Hours on MPH:	
Number of Sectors Flown in the last 12 months in Aircraft Type required:	
Number of Sectors Flown in the last 12 months in Simulator Type required:	

SECTION FIVE: COURSES

5 (a) Courses

Requirement	Date of Course	Training Organisation
Approved Core Course: Initial Issue only unless exempt [see 5(b)]		Note: Attach Courses Completion Certificate
Approved Type Specific Course		Note: Attach Courses Completion Certificate
Other Courses: Upgrade Simulator to Aircraft, Aircraft to Simulator or Renewal of lapsed Rating/Authorisation		Note: Attach Courses Completion Certificate

5 (b) Brief Details of Previous (Civil/Military) Instructing Experience and Qualifications

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SECTION SIX - RE-VALIDATION/ RENEWAL REQUIREMENTS (NOTE: COMPLETE PART TWO SECTION A)

Please enter the relevant information below, either 6 (a) **OR** 6 (b).

6 (a) Conduct of 3-Hour Instructional Flight (Simulator) 1 Hour Air Exercise (Helicopter) for:
TRI(H) Rating ; SFI(H) Authorisation. Date Completed (dd/mm/yyyy):

6 (b) TRE(H) SFE(H) IRE(H) Authorisation

Number of LST, LPC, IR and/or OPC's conducted as an Examiner over last period of validity:

Year One:		Year Two:		Year Three:	
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SECTION SEVEN: DECLARATION OF APPLICANT

7 (a) Applicant's Declaration

I hereby **request** the: Initial Issue Add Additional Type Upgrade Revalidation / Renewal

of a: TRI(H) Rating ; TRE(H) SFE(H) SFI(H) IRE(H) Authorisation.

I declare to the Irish Aviation Authority that the details entered by me are true and correct to the best of my knowledge and belief.

Signature (of Applicant): Name: Date (dd/mm/yyyy):

7 (b) Certification of Applicant's Declaration

I hereby **certify that** the requirements shown in Part One for:

Initial Issue Add Additional Type Upgrade Revalidation/Renewal

of a: TRI(H) Rating ; TRE(H) SFE(H) SFI(H) IRE(H) Authorisation.

have been completed for the above Applicant and I declare to the Irish Aviation Authority that the details entered by me are true and correct to the best of my knowledge and belief, and hereby request appointment of the Applicant.

Signature: Name (of certifying HoT):

Date (dd/mm/yyyy): AOC or TRTO/FTO Approval Number:

Note 1: It is an offence punishable by fines and / or imprisonment under the air navigation acts and orders to make any false declaration for the purpose of procuring for oneself or for any other person the issue or re-issue of a rating / authorisation.

Note 2: The TRI MPH Licence Validity page must be returned to the IAA for Revalidation/Renewal together with the appropriate fee. It may not be signed by the certifying TRE(S).

Please note that a **minimum** of 30 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take **considerably** longer.



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Office Use Only

EMPIC Update:

Fee:

SECTION EIGHT: SUBMISSIONS AND ENQUIRIES

1. Submissions and Enquiries

Address for submissions:

Irish Aviation Authority
Flight Operations Department
The Times Building
11-12 D'Olier Street
Dublin 2

Contact details for enquiries:

Ph: 00 353 1 6718655
Fax: 00 353 1 677 4460
Email: fod@iaa.ie

Note: Applications for a TRI(H)Rating or Authorisation for a TRE(H), SFE(H), SFI(H), STI(H), MCCI(H). (Multi-Pilot Aeroplane (MPA) must be accompanied by the appropriate fee. See the current Irish Aviation Authority fees order on the [IAA Website](#).



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**APPLICATION FOR A TRI(H) RATING OR AUTHORISATION FOR A TRE(H),
 SFE(H), SFI(H), IRE (H) (MULTI-PILOT AEROPLANE (MPA))**

Please complete the form in **BLOCK CAPITALS**.

The requirements for this application are in accordance with JAR-FCL 1, 2 and 4 Subpart H/I.

PART TWO

IAA FOI; or notified Senior TRE(H); or notified Instructor FSTD or Flight Record of 3-Hour Instructional FSTD Flight, 1 Hour Air Exercise, or; Observation of TRE(H) / SFE(H), or; Observation of IRE(H).

SECTION ONE: NOTES FOR COMPLETION

Note 1: The following must be observed by an IAA FOI or a notified Senior TRE(H):

- TRE(H)/SFE(H) Acceptance Test, for Initial Authorisation, or the Revalidation /Renewal of an existing Authorisation,
- TRI(H)/SFI(H) Initial rating / authorisation, Renewal and to Add an Additional Type.

Note 2: TRI(H)/SFI(H) Revalidation observation by IAA FOI or notified TRE(S)(H) is not mandatory but the qualifying flight must be recorded below in Section Two.

Note 3: If a TRE(S)(H) has been authorised to complete the test, check or observation, this (ORIGINAL) completed form must be returned immediately to FOD, IAA, Aviation House, having retained one copy for him/herself and a second for the Organisation Company records.

Note 4: A copy of the IAA authorisation for TRE(S)(H) or Instructor to conduct test/check/observation must be attached to this form.

SECTION TWO: EXERCISE INFORMATION

2 (a) Exercise Observed or Conducted : LPC OPC LST Other

Location

Date::

a/c or FSTD Type: _____

**a/c registration or
 FSTD qualification no.:** _____

User Approval no.: _____

Validity to (dd/mm/yyyy): _____

2 (b) Flight times

On Blocks:		
Off Blocks:		
Total:		

2 (c) Crew Information

Role	Name	Licence Number
Applicant:		
Crew:		
Crew:		
Crew:		



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2 (d) Applicant's Licence Check:

Licence valid and signed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/a <input type="checkbox"/>
Medical Certificate valid / any restrictions met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Necessary A/c types in Section xii?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Type Rating/ LPC valid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/a <input type="checkbox"/>
TRI Rating at Section xii?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/a <input type="checkbox"/>
TRE/SFE authorisation valid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/a <input type="checkbox"/>

2 (e). Serviceability

Serviceability of aircraft or FSTD:	
I/F Screens fitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Adequate Yes <input type="checkbox"/> No <input type="checkbox"/>

2 (f) Flight Systems

Flight Systems:	
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2 (g)
Signature (of Applicant): Name: Date (dd/mm/yyyy):

SECTION THREE: OBSERVATIONS AND FACTUAL DETAILS OF TEST OBSERVED

3 (a) Route and Approach Aids used, and/or content of Test/Training:

3 (b) Briefing: (Duration minutes)

3 (c) Flight (Aircraft or Simulator)

3 (d) De-Briefing: (Duration minutes)

3 (e) General Observations



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SECTION FOUR: RECOMMENDATIONS

a) Not Suitable. For the reasons given below, do not issue Rating or Authorisation. <input type="checkbox"/>	
b) Suitable to conduct: Instruction <input type="checkbox"/> LPC <input type="checkbox"/> OPC <input type="checkbox"/> LST <input type="checkbox"/> on Type/ Class:	
c) Issue <input type="checkbox"/> Revalidate <input type="checkbox"/> Renew <input type="checkbox"/> Additional Type or Class <input type="checkbox"/> : TRE(H) <input type="checkbox"/> TRI(H) <input type="checkbox"/> SFE(H) <input type="checkbox"/> SFI(H) <input type="checkbox"/> STI(H) <input type="checkbox"/> IRE (H) for: Aircraft only <input type="checkbox"/> Simulator only <input type="checkbox"/> Aircraft and Simulator <input type="checkbox"/>	

Signature (FOI or TRE(S)):Name (FOI or TRE(S)):
 Date (dd/mm/yyyy): Examiner Number:

SECTION FIVE: APPROVAL - IAA use only

TRE(S) approved to conduct check by:.....on date (dd/mm/yyyy):(See attached copy)

ADFO or authorised officer

Comments

Signature: Name:
 Date (dd/mm/yyyy): Job Title:

Distribution

1. AO file (copy) Signature:
2. AE File (original) Date (dd/mm/yyyy):