Flight Operations Standards Department

Flight Crew Licensing & Training Section - Ratings

Synthetic Training Instructor (STI) Revalidation Application Form

FNPT II or BITD - All instructor ratings and authorizations are valid for period of 3 years

A. FOR APPLICANT USE ONLY

1. Personal Details.

• Applicant Name	
• Address	
• Mobile Tel. No	
• Date &Place of Birth	• Nationality
• I hereby declare that the information given in this form is true, correct & completed.	• **Applicant Signature**

2. Application Details.

• I am applying for Synthetic Training Instructor Revalidation on ☐ FNPT ☐ BITD

3. JCAR Flight Crew License Held Details.

• License Type & Number		• License Expiry Date	

4. Synthetic Training Instructor Authorization Revalidation Requirements

No.	JCAR-FCL Requirements		
a	Shall within the last (12) months of the validity period of the authorization Conducted at least (3) Hrs of instruction in a flight simulator or FNPT II or BITD where applicable as part of a complete CPL, IR, PPL or class or type rating course, and	Hrs	
		Date	
b	☐ Have completed Section 3 B of the proficiency check set out in Appendix 3 to JCAR-FCL 1.240 for the appropriate type or class of airplane in a flight simulator or FNPT II on which instruction is routinely conducted; **or**	Passed	
		Date	
	☐ For an STI (A) instructing on BITDs only, have completed a proficiency check covering only those exercises listed in Appendix 1 to JCAR-FCL 1.125	Passed	
		Date	

5. Head of Training Recommendation.

• I hereby certify that, the applicant meets JCARs requirements for Synthetic Training Instructor Authorization revalidation proficiency check on ☐ FS / FNPT II ☐ BITD , and I have checked the applicant license, log book and training records, I am satisfied that the information contained in this application is correct			
• **Head of Training Name**		• **Date**	
• **FTO/TRTO Name**		• **Signature**	

B. FOR CARC USE ONLY

1. Examiner Designation.

• The under signed, Senior Examiner authorises ☐ FIE ☐ SFI Capt………..……………………..................................to conduct Synthetic Training Instructor proficiency check on ☐ FNPT II ☐ BITD			
• **Senior Examiner Name**		• **Date**	
• **Operator Name**		• **Signature**	

2. Examiner Recommendations. (FIE/SFI notified by CARC)

• Date		• Departure		
• FTO/TRTO Name		• Destination		
☐ FNPT II type & number		• Landing time		
☐ BITD		• Total flight time		
• Take off time		• Proficiency check	☐ Passed	
• Examiner recommendations				
Name		**Signature**		**Date**

3. CARC Recommendation. (To be completed and signed by the Senior Examiner)

• STI revalidation	☐ Approved		☐ Not approved	
• STI privileges **(FSTD only)**	To carry out synthetic flight instruction on ☐ FNPT ☐ BITD for: • Issue of a license • Issue of an instrument rating and class or type rating for single pilot airplanes ☐ Core flying skills training of the MPL (A) integrated training course provided that he has successfully completed the MPL (A) Instructors Training course			
• Instructor rating details	• Synthetic Training Instructor	• Authorization expiry date		
• License details		• License expiry date		
• Remarks				
Senior Examiner Name		**Signature**		**Date**

C. SUPPORTING DOCUMENTS.

- Cover Letter from the FTO/TRTO for synthetic training instructor authorization revalidation
- This application form
- Copy of JCAR Flight Crew License
- Certified copy of related log book pages
- Synthetic training instructor authorization proficiency check report