



Flight Operations Standards Department
General Aviation & Training Section
Type Rating Multi Pilot/ single pilot Helicopter Renewal Application Form
 Helicopter or flight simulator - Type Rating Multi Pilot/ single pilot Helicopter is valid for 1 year

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 Type Rating (MPH)(SPH) Renewal on ()

3. JCAR Flight Crew License Held Details.

• License Type & Number	• License Expiry Date
• Type Rating expiry date	• Helicopter Type
• Flight experience last 90 day	

4. JCAR Medical Certificate Held Details.

Class	Expiry Date	AME Name	Limitations
<input type="checkbox"/> 1	<input type="checkbox"/> 2/IR		

5. Type Ratings Renewal Requirements.

No	JCAR FCL 1 Requirement			
a	Shall meet refresher training minimum requirements as detailed below, a & b		Completed	Remarks
	<input type="checkbox"/> Type Rating Expired up to 12 calendar months.	(1) Ground training. Complete at least two (2) days ground training on an Helicopter systems including examination..	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		(2) Flight training. Complete at least one (1) training session (FFS).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Type Rating Expired up to 24 calendar months.	(1) Ground training. Complete at least three (3) days ground training on an Helicopter systems including examination.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		(2) Flight training. Complete at least two (2) training sessions .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Type Rating Expired up to 36 calendar months.	(1) Ground training. Complete at least four (4) days ground training on an Helicopter systems including examination.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		(2) Flight training. Complete at least three (3) training sessions .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> If the type rating expired more than 48 calendar months.	applicant shall complete the approved type rating course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	Pass Proficiency check in accordance with Appendices 1 & 2 to JCAR-FCL 2.240 & 2.295 for MPH & Appendix 1 & 3 to FCL 2.240 for SPH		<input type="checkbox"/> Yes <input type="checkbox"/> No	





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6. Instructor Recommendation.

• I hereby certify that, the applicant meets JCAR FCL2 requirements for Type Rating (MPH/SPH) Renewal on ()		
Instructor Name	Signature	Date

7. Training Post Holder Recommendation.

• I hereby certify that, the applicant meets JCARs requirements for Type Rating (MPH/SPH) Renewal on (), and I have checked the applicant license, log book, medical and records, I am satisfied that the information contained in this application is correct		
• Training Post Holder Name		• Date
• TRTO Name		• Signature

OR CARC USE ONLY

• **Examiner Designation.**

• The under signed, Chief of General Aviation & Training Section authorises the <input type="checkbox"/> TRE <input type="checkbox"/> SFE Capt:		
• to conduct type rating (MPH/SPH) on () renewal proficiency check		
Name	Signature	Date

1. Examiner Recommendation. (TRE/SFE notified by CARC)

• Date		• Departure	
• TRTO name		• Destination	
<input type="checkbox"/> Helicopter Type & number		• Landing time	
<input type="checkbox"/> FS Type & number		• Total flight time	
• Take off time		• Proficiency check Result	<input type="checkbox"/> Passed
• Examiner recommendations			
Examiner Name	Signature	Date	

2. CARC Recommendation.

• Type rating renewal	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
• Type ratings details	• Helicopter Type	• Type Ratings expiry date
• License details	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> MPL <input type="checkbox"/> ATPL	• License expiry date
• JCAR English language Level	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	• English expiry date
• JCAR Medical Class	<input type="checkbox"/> 1 <input type="checkbox"/> 2/IR	• Medical expiry date
• Remarks		
Flight Operations Inspector Name	Signature	Date





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B. SUPPORTING DOCUMENTS.

- Cover letter from TRTO for type rating renewal
- This application form
- Copy of valid JCAR FCL PPL/ CPL/MPL/ATPL
- Certified Copy of related log book pages
- Copy of valid JCAR Medical certificate applicable class
- Type Rating (MPA) proficiency checks Report

