

Flight Operations Standards Department

Synthetic Training Instructor Authorization (STI) Issue Application Form All instructor ratings and authorizations are valid for period of 3 years / FNPT II or BITD

1.Personal Details.

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

2.Application.

• I am applying for Instrument Rating Instructor Rating issue on	FNPT	BITD
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3. JCAR-Flight Crew License Held.

License Type & Number	• L	icense Expiry Date	

4. Synthetic Training Instructor Authorization Issue Requirements

No	JCAR-FCL Requirements				
	Hold or have held JCAR-FCL within the previous (3) years a pilot license				
а	D PPL CPL MPL ATPL	Valid until			
	Hold or have held instructional qualification appropriate to the courses on which instruction is	Inst.			
	intended	Valle until			
с	Flight experience.				
	•Pre request. Have completed within a period of (12) months preceding the application				
	Have completed Proficiency check in accordance with Appendix 3 to JCAR-FCL1.240 in an	Passed			
	FNPT of the class or type of airplane appropriate to the instruction Intended; or	Date			
	For an STI (A) wishing to instruct on BITDs only, have completed proficiency check	Passed			
	 covering only those exercises listed in Appendix 1 to JCAR-FCL 1.125	Date			
d	Pass Skill test.				
	Conducted in a flight simulator or FNPT II at least (3) Hrs of flight instruction related to the duties	s of a STI (A)	under		
	the supervision & to the satisfaction of an FIE (A) notified by CARC; or				
	For a STI (A) wishing to instruct on a BITD only, have completed on a BITD at least (3) Hrs of flig	ht instruction	under		
	└ the supervision & to the satisfaction of an FIE (A) notified by CARC				

5. Instructor Recommendation.

•I hereby certify that, the applicant meets JCAR-FCL 1 requirements for Synthetic Training Instructor Authorization skill test on

🔲 FS / FNPT II	BITD	
Instructor Name	•Date	•Signature

6. Training Post Holder Recommendation.

• I hereby certify that, the applicant meets JCARs requirements for Synthetic Training Instructor Authorization skill test on FS / FNPT II **BITD**, and I have checked the applicant license, log book, and records, I am satisfied that the information contained in this application is correct

• Training Post Holder Name	• Date	
• FTO/TRTO Name	• Signature	



7.Examiner Designation.

•	The under signed/Chief of Commercial Air Transport Section G to conduct Synthetic Training Instructor Air		
•	Name	• Date	• Signature

8.Examiner Recommendation. (FIE/CRE notified by CARC)

Date	·Departure	
· FTO/TRTO	·Destination	
FNPT II type & Number	·Landing time	
BITD	- Total flight time	
•Take off time	·STI Skill testl	Passed
•Examiner recommendations		
•Examiner Name	•Date	•Signature

9.CARC Recommendation.

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•Flight Operations Inspector Name		•Date	•Signature			
•Remarks						
• Airplane Type rating			•Type rating expiry date			
License details			• License expiry date			
 Instructor rating details 	• Synthetic Training Inst	ructor	•Authorization expiry date			
	Sisue 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					
• STI privileges (FSTD only)	· Issue of a license	To carry out synthetic flight instruction on FNPT BITD for: • Issue of a license				
 STI Authorization issue 	Approved		Not approved			

10.Publications required:

- Cover Letter from the FTO/TRTO for Synthetic Training Instructor Authorization examiner designation. This application form Copy of JCAR-Flight Crew License Copy of proficiency checks report. Certified copy of related Log Book Pages

- After the conduct of the Synthetic Training Instructor Authorization skill test.
 - This application form
 - Synthetic Training Instructor Authorization Test Report