



Flight Operations Standards Department

Type Rating Single Pilot Airplane Revalidation/Renewal Application Form
 Airplane or flight simulator/Type Rating Single Pilot Airplane is valid for 1 year

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.			•Applicant Signature

2. Application.

•I am applying for Type Rating Single Pilot Airplane Revalidation Renewal on ()

3. Details of JCAR-FCL Held.

•License Type & Number		•License Expiry Date	
•Type Rating expiry date(SPA)		•Air Plane Type	
•Flight experience last 90 day			

4. JCAR-Medical Certificate Held.

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

5. Type Ratings Single Pilot Airplane Revalidation/Renewal Requirements.

Revalidation Requirements

NO	JCAR-FCL Requirements		
a	At least (10) route sectors as pilot of the relevant type or class of airplane, or	Sector No.	
	(1) Route sector with an examiner during the period of validity of the rating, and	Sector No	
b	Pass a Proficiency check in accordance with Appendix 1 and 3 JCAR-FCL 1.240 within (3) months immediately preceding the expiry date		

Renewal Requirements

NO	JCAR-FCL Requirements		
a	Shall meet any refresher training requirements as determined by CARC, and	Sectors/hrs	
b	Pass Proficiency check in accordance with Appendices 1 and 3 to JCAR-FCL 1.240		

6. Instructor Recommendation. (Renewal only)

•I hereby certify that, the applicant meets JCAR-FCL 1 requirements for Type Rating Single Pilot Airplane Renewal on ()

•Instructor Name	•Date	•Signature

7. Training Post Holder Recommendation.(Renewal only)

•I hereby certify that, the applicant meets JCARS requirements for Type Rating Single Pilot Airplane 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/AOC Name		•Signature	



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8.Examiner designation.

•The under signed/Training Post Holder authorises the CRE Capt.....to conduct Type Rating Single Pilot Airplane <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal Proficiency check		
•Name	•Date	•Signature

9.Examiner Recommendation. (CRE notified by CARC)

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

10.CARC Recommendation. (To be completed and signed by the training Post holder)

•Type Rating application	<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal
•Type Rating issue	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
•Type Ratings (SPA) details	•Air plane 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	•Date	•Signature

11.Publications Required.

- Cover letter from TRTO/AOC for Type Rating Revalidation/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 (SPA) Skill Test/proficiency checks Report.