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 the issue of Synthetic Flight Instructor Type Rating Privileges Extended to Further MPA Types	
• Present Synthetic Flight Instructor Authorization Airplane type	
• Extended Synthetic Flight Instructor Authorization Airplane type	

3. JCAR ATPL Held Details.

• License Type & Number		• License Expiry Date	
• Present Type Rating expiry date			

4. Type Rating Privileges Extended to Further MPA Types Requirements.

No.	JCAR FCL Requirements		
a	Satisfactorily completed the simulator content of the relevant type rating course; and	Completed	
b	**Pass Skill test**. conducted on a complete type rating course at least (3) hours of flight instruction related to the duties of a TRI(A) on the applicable type of airplane under the supervision and to the satisfaction of a TRI(A) notified by CARC		

5. Instructor Recommendation.

• I hereby certify that, the applicant meets JCAR FCL 1 requirements for Type Rating Instructor skill test as Synthetic Flight Instructor on ( )		
Instructor Name	**Signature**	**Date**

6. Head of Training Recommendation.

• I hereby certify that, the applicant meets JCARs requirements for Type Rating Instructor skill test as Synthetic Flight Instructor on ( ), 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**	
• **TRTO Name**	• **Signature**	

B. FOR CARC USE ONLY

1. *Examiner Designation.

• The under signed, Chief of Flight Crew Training & Licensing Section authorises ☐ TRI ☐ SFI Capt…………..…………............... to supervise Type Rating Instructor flight instruction as Synthetic Flight Instructor on ( )		
Name	**Signature**	**Date**

*For Synthetic Flight Instructor Authorization (SFI) issuance, an inspector form CARC shall supervise the conducted of the skill test, or to delegate this task in case by case to the senior examiner

2. **Examiner Recommendation.** (TRI/SFI notified by CARC)

• Date		• Departure/ Destination	
• TRTO Name		• Landing time	
• FS Type & number		• Total flight time	
• Take off time		• TRI Skill Test	☐ Passed
• CARC inspector name		•	
• Examiner recommendations			
Examiner Name		**Signature**	**Date**

3. **CARC Recommendation.**

• SFI issuance	☐ Approved	☐ Not approved	
• SFI privileges **(FSTD only)**	To carry out synthetic flight instruction on ( ): • For type rating ☐ For multi-crew co-operation provided that he completed Multi-crew co-operation training course ☐ The basic phase of training of the MPL (A) integrated training course, provided he holds or has held a FI (A) or an IRI (A) rating and has successfully completed the MPL (A) Instructors Training course ☐ Intermediate and advanced phases or training of the MPL (A) integrated training course provided he has successfully completed the MPL (A) Instructors Training course		
• Instructor rating details	• Synthetic Flight Instructor	• Authorization expiry date	
• License type	• ATPL	• License Expiry date	
• Airplane 1 type		• Type Rating 1 expiry date	
• Airplane 2 type		• Type Rating 2 expiry date	
• Remarks			
Flight Operations Inspector Name		**Date**	**Signature**

C. **SUPPORTING DOCUMENTS.**

- Cover Letter from the TRTO for Synthetic Flight Instructor Authorization examiner designation.
- This application form
- Copy of JCAR ATPL
- Copy of Type Rating course completion report
- Certified copy of related Log Book Pages
- After the conduct of the Type Rating Instructor skill test:
  - This application form
  - Type Rating Instructor skill Test Report