



Flight Operations Standards Department
Flight Crew Licensing & Training Section - Ratings
Instrument Rating Instructor (IRI) Revalidation Application Form
 Airplane or Flight Simulator or FNPT II - 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 Instrument Rating Instructor Rating Revalidation |
|--|

3. JCAR Flight Crew License Held Details.

| | | | |
|---|--|----------------------------------|--|
| • License type & number | | • License Expiry Date | |
| • Type/class rating | <input type="checkbox"/> Type <input type="checkbox"/> Class | • Rating expiry date | |
| • Instrument rating | <input type="checkbox"/> SE <input type="checkbox"/> ME | • Rating expiry date | |
| • IRI rating expiry date | | • Flight experience last 90 days | |
| • *Last proficiency check for the revalidation of a IRI rating date | | | |

*For at least each alternate revalidation of IRI (A) rating the holder shall pass proficiency check

4. JCAR Medical Certificate Held Details.

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

5. Instrument Rating Instructor Revalidation Requirements.

| JCAR FCL Requirements. Shall fulfil two of the following three requirements | | | |
|---|--|------|--|
| <input type="checkbox"/> | Completed at least (100) Hrs of flight instruction on airplanes as FI, CRI, IRI or as examiner during the period of validity of the rating, including at least | Hrs | |
| | (30) Hrs of flight instruction within the (12) months preceding the expiry date of the IRI rating, | Hrs | |
| | (10) Hrs of this (30) Hrs shall be instruction for an IR if the privileges to instruct for IR are to be revalidated | Hrs | |
| <input type="checkbox"/> | Attended a FI refresher seminar within the validity period of the FI rating. | Date | |
| | | Hrs | |
| <input type="checkbox"/> | Pass as a proficiency check, the skill test set out in Appendices 1 and 2 to JCAR-FCL 1.330 and 1.345 within the (12) months preceding the expiry date of the IRI rating | | |

6. Head of Training Recommendation.

| | | | |
|--|--|-------------|--|
| • I hereby certify that, the applicant meets JCARs requirements for Instrument Rating Instructor Rating Revalidation, and I have checked the applicant license, log book, medical and training records, I am satisfied that the information contained in this application is correct | | | |
| • Head of Training Name | | • Date | |
| • FTO/TRTO Name | | • Signature | |



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B. FOR CARC USE ONLY

1. Examiner Designation. (if applicable)

| | | |
|---|------------------|-------------|
| • The under signed, Senior Examiner authorises IRE Capt.....to conduct Instrument Rating Instructor rating proficiency check <input type="checkbox"/> single engine <input type="checkbox"/> multi engine | | |
| Name | Signature | Date |
| | | |

2. Examiner Recommendation. (IRE notified by CARC - if applicable)

| | | |
|---|---------------------|---------------------------------|
| • Date | • Departure | |
| • FTO/TRTO Name | • Destination | |
| <input type="checkbox"/> FS/FNPT II Type & number | • Landing time | |
| <input type="checkbox"/> Airplane Type & number | • Total flight time | |
| • Take off time | • Proficiency check | <input type="checkbox"/> Passed |
| • Examiner recommendations | | |
| Examiner Name | Signature | Date |
| | | |

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

| | | | | |
|---------------------------------|---|-------------------------------|---------------------------------------|-----------------------|
| • IRI rating revalidation | <input type="checkbox"/> Approved | | <input type="checkbox"/> Not approved | |
| • IRI privileges | <input type="checkbox"/> The issue of an IR(A) single-engine airplanes | | | |
| | <input type="checkbox"/> The issue of an IR (A) multi-engine airplane providing that he hold Class Rating Instructor Rating (CRI) for multi- engine airplanes | | | |
| • Instructor rating details | • IRI | <input type="checkbox"/> SE | <input type="checkbox"/> ME | • IRI expiry date |
| • License details | <input type="checkbox"/> PPL | <input type="checkbox"/> CPL | <input type="checkbox"/> ATPL | • License expiry date |
| • Class/type Rating expiry date | | | | |
| • Instrument rating 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 | <input type="checkbox"/> 2 | • Medical Expiry Date |
| • Remarks | | | | |
| Senior Examiner Name | Signature | | Date | |
| | | | | |

C. SUPPORTING DOCUMENTS.

- Cover Letter from the FTO/TRTO for instrument rating instructor rating revalidation
- This application form
- Copy of valid JCAR Flight Crew license
- Copy of flight instructor rating refresher seminar records, or instrument rating instructor rating proficiency check report
- Certified copy of related Log Book Pages
- Copy of valid JCAR-Medical Certificate appropriate class