

Flight Operations Standards Department

Flight Crew Licensing & Training Section - Ratings

Synthetic Flight Instructor (SFI) Revalidation Application Form

Flight Simulator - All instructor ratings and authorizations are valid for period of 3 years

A. FOR APPLICANT USE ONLY

1.	Personal	Details.

1.	Perso	onai Detaiis.						
	• Ap	plicant Name						
		ldress						
	• Mo	obile Tel. No						
	Date &Place of Birth			Nationality				
	• I hereby declare that the information		rmation given in this form is true, c	orrect & completed.	Applicant Signature			
2.	Appli	ication Details.						
	• I am applying for Synthetic Flight Instructor Revalidation (
3.	JCAI	R Air Transport Pilot I	License Held Details.					
	• Lie	cense Number		• License Expiry Date				
4. Synthetic Flight Instructor Authorization Revalidation Requirements.								
	No.	01 11 141 4 1 1 (10)		CL Requirements		**	1	
	a		months of the validity period of th			Hrs		
session of at least (3) Hrs as part of a complete type rating/ refresher/ recurrer b Have completed a proficiency check as set out in Appendix 1 and 2 to JCAR-						of the		
		appropriate type	iency eneck as set out in Appendix	1 and 2 to 3C/11C-1 CL 1.240 on a	mgm simulator	or the		
		1 "FF -F 7F -						
6.	Training Post Holder Recommendation.							
• I hereby certify that, the applicant meets JCARs requirements for Type Rating Instructor revalidation proficient Synthetic Flight Instructor on (), and I have checked the applicant license, log book, medical and training resatisfied that the information contained in this application is correct								
		aining Post Holder Name		• Date				
		RTO Name		• Signature				
B. 1.	Exam	CARC USE ONLY						
			ot		te	o conduct		
		Type Rating Instructor proficiency check as Synthetic Flight Instructor on (
		nior Examiner Name		• Date				
	• Op	perator Name		• Signature				
2.	Examiner Recommendations. (TRI/SFI notified by CARC)							
	• Da			Departure/ Destination				
	• TR	TO Name		Landing time		·—-	<u>-</u>	
		Type & number		Total flight time				
		ke off time		Proficiency check	□ Passed			
	• Ex	aminer recommendations						

CARC Form 28 - 4086 Page 1 of 2

Signature

Date

Examiner Name



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

SFI revalidation	☐ 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			
Type rating expiry date	Type rating expiry date				
• Remarks					
Senior Examiner Name		Signature	Date		

C. SUPPORTING DOCUMENTS.

- This application form
- Copy of JCAR ATPL
- Certified copy of related log book pages
- Type rating instructor proficiency check

CARC Form 28 - 4086 Page 2 of 2