



**Flight Operations Standards Department  
Flight Crew Licensing & Training Section - Ratings  
Instrument Rating Instructor (IRI) Renewal 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 Renewal |
|---|

**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 |  |

**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 Renewal Requirements.**

| No. | JCAR FCL Requirements  |      |  |
|-----|--|------|--|
| a   | Shall within the (12) months preceding the application, Attended a FI refresher seminar, and   | Hrs  |  |
|     |  | Date |  |
| b   | 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 Renewal, 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 |  |

**B. FOR CARC USE ONLY**

**1. Examiner Designation.**

|   |                  |             |
|---|------------------|-------------|
| • The under signed, Chief of Flight Crew Licensing & Training Section authorises IRE Capt.....<br>to conduct Instrument Rating Instructor rating proficiency check <input type="checkbox"/> single engine <input type="checkbox"/> multi engine |                  |             |
| <b>Name</b>   | <b>Signature</b> | <b>Date</b> |
|   |                  |             |



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**2. Examiner Recommendation.** (IRE notified by CARC)

|   |  |                     |                                 |
|---|--|---------------------|---------------------------------|
| • 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                        |  |                     |                                 |
| <b>Examiner Name</b>                              |  | <b>Signature</b>    | <b>Date</b>                     |
|   |  |                     |                                 |

**3. CARC Recommendation.**

|   |   |                               |                               |                                       |             |
|---|---|-------------------------------|-------------------------------|---------------------------------------|-------------|
| • IRI rating renewal                    | <input type="checkbox"/> Approved   |                               |                               | <input type="checkbox"/> Not approved |             |
| • IRI privileges                        | <input type="checkbox"/> The issue of an IR(A) single-engine airplanes<br><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                               |   |                               |                               |                                       |             |
| <b>Flight Operations Inspector Name</b> |   |                               | <b>Signature</b>              |                                       | <b>Date</b> |
|   |   |                               |                               |                                       |             |

**C. SUPPORTING DOCUMENTS.**

- Cover Letter from the FTO/TRTO for instrument rating instructor rating renewal.
- This application form
- Copy of valid JCAR Flight Crew license
- Copy of Flight Instructor Rating refresher seminar report.
- Certified copy of related Log Book Pages
- After the conduct of the Instrument Rating Instructor rating proficiency check:
  - This application form
  - Instrument rating Instructor rating proficiency check Report