Department of Civil Aviation Republic of Mauritius	**Application for Revalidation / Renewal of TRI (A) certificate**	Issue: 02 Revision: 00 Date: 01 July 2021

Application form to be filled preferably in electronic version, otherwise use BLOCK CAPITALS and blue or black ink. Applicant must fill out boxes and sections and
sign with correct information, failure to comply may result in delay or rejection of
your application. FALSE REPRESENTATION STATEMENT
It is an offence under CAR 2007 as amended to make, with intent to deceive, any false representation for the purpose of procuring the

A. Application for *To be completed by the applicant*

☐ Revalidation	☐ Renewal	☐ TRI (MPA)	☐ TRI (SPA)
Expiration date of TRI (A) certificate		Date of last TRI (A) Assessment of Competence (AoC)	

B. Applicant Details *To be completed by applicant*

Family Name		First Name		Date of birth	
Address		E-mail		Phone No.	
Licence No.		Type/Class rating		Valid until	
Medical Certificate Class		Valid until		Employer	

C. Renewal	**DCA use only**	
	S	**U**
C-1 Total Number of Route Sectors *(Preceding 12 months)*		
Aeroplane: _____ FFS: _____		
C-2.1 Applicant Declaration		
☐ I declare the information provided in the application form is correct, and ☐ I have received a course of training in accordance with the syllabus approved by the Authority for the Certificate Renewal of Type Rating Instructor Certificate: ☐ TRI (MPA) ☐ TRI (SPA)		
Signature:_ Date:_____		
C-2.2 ATO declaration *To be completed by the Head of Training*		
I certify that has satisfactorily completed an approved course of training for the renewal of *(tick the applicable certificate):* Type Rating Instructor Certificate ☐ TRI (MPA) ☐ TRI (SPA) In accordance with the relevant syllabus		

☐ Aeroplane ☐ FSTD	Total hours during training	Date	Aeroplane Type	Aircraft / FSTD Registration	Simulator level		
Name of ATO: ATO No.				Date:_____			

C-3 Flight instruction under TRI (A) supervision *on a complete TR training course*						
TRI(A) Supervisor's name: Licence Number: Date: _____			Flight time	Aeroplane		
	Location: TRI (A) Supervisor signature:					

D. Revalidation *At least each alternate revalidation the holder shall have to pass the assessment of competence in accordance with FCL.940(a)(3)*								**DCA use only**	
								S	**U**
D-1 Conduct one of the following parts of complete Type Rating training course									
☐ Simulator Session (Min 3h00)	Date	Simulator time		FSTD Registration					
☐ Air exercise (Min 1h00)	Date	Place	Flight time	Aeroplane type	No. of take offs				
					No. of landings				
I confirm that the TRI made the instruction above Name of ATO: ATO No. Head of Training:_____ Signature and Stamp:_____				Date:_____					
D-2 Instructor refresher training									
D2.1 This is to certify that the undersigned attended an Instructor refresher training as a TRI at an ATO									
D-2.2 ATO declaration *To be completed by the Head of Training*									
I certify that has satisfactorily completed an instructor refresher training for the revalidation of *(tick the applicable certificate):* Type Rating Instructor Certificate ☐ TRI (MPA) ☐ TRI (SPA) In accordance with the relevant syllabus									
☐ Aeroplane ☐ FSTD	Total hours during training	Date	Aeroplane Type	Aircraft / FSTD Registration	Simulator level				
Name of ATO: ATO No.				Date					
D-2.3 Applicant Declaration									
I confirm the statement in C-2.1 is correct	Applicant signature:								
D-3 Assessment of competence (AoC) *To be completed by the Examiner*									
Date	Aeroplane type	Aircraft / FSTD Registration		Simulator level	Flight time				

Departure aerodrome	Destination aerodrome	Take-off time	Landing time	Take-offs	Landings		
☐ I confirm that the experience of the applicant comply with the applicable requirements of Part-FCL							
Result	Pass ☐ Partial Pass ☐ Fail ☐	***I declare that I have been informed of the result of the test*** Applicant Signature					
☐ I recommend further flight or ground training with an Instructor before re-test				***Only for Non-DCA Examiners*** ☐ I have read and understood the DCA			
TRI certificate privileges for: ☐ FFS only ☐ FFS & LIFUS ☐ FFS & A/C ☐ A/C							
Name		Certificate No.		Validity			
Signature		Location of check		Date of check			

Applicant's Name		Date	

Assessment of Competence

Section 1 – Theoretical knowledge oral		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
1.1	Air law				
1.2	Aircraft General Knowledge				
1.3	Flight Performance and Planning				
1.4	Human Performance and Limitations				
1.5	Meteorology				
1.6	Navigation				
1.7	Operational Procedures				
1.8	Principles of Flight				
1.9	Training Administration				

Section 2 – Pre-flight briefing		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
2.1	Visual Presentation				
2.2	Technical Accuracy				
2.3	Clarity of Explanation				
2.4	Clarity of Speech				
2.5	Instructional Technique				
2.6	Use of Models and Aids				
2.7	Student Participation				

Section 3 – Flight		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
3.1	Arrangement of Demo				
3.2	Synchronisation of Speech with Demo				
3.3	Correction of Faults				
3.4	Aeroplane Handling				
3.5	Instructional Technique				
3.6	General Airmanship/Safety				
3.7	Positioning, use of Airspace				

Section 4 – Mandatory exercises and other exercises at Examiner's discretion		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
4.1	Stalls				
4.2	Synchronisation of Speech with Demo				
Additional exercises at Examiner's discretion					
4.3					
4.4					
4.5					
4.6					
		Examiner's Signature			

Section 5 – Multi-Engine Exercises		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
5.1	Actions following an engine failure shortly after take-off				
5.2	Asymmetric approach and go around				
5.3	Asymmetric approach and landing				

Section 6 – Instrument exercises		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
6.1	Instrument approach				
6.2	Limited panel and unusual attitudes				
6.3					
6.4					

Section 7 – Post flight De-briefing		**Assessment**			**Observations/Failure reasons**
		PASS	**FAIL**	**N/A**	
7.1	Visual Presentation				
7.2	Technical Accuracy				
7.3	Clarity of Explanation				
7.4	Clarity of Speech				
7.5	Instructional Technique				

7.6	Use of Models and Aids				
7.7	Student Participation				
		Examiner's Signature			