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|  | | | **CHECKLIST FOR FLIGHT INSTRUCTOR CERTIFICATE DOCUMENT**  **(Initial/ Conversion)** | | | | | | | | | | |
| **Part I: Applicant’s Information** | | | | | | | | | | | | | |
| **Applicant’s name** | |  | | | | | | | FIC type: | | | | |
| **EMPIC REQUEST:** | | | | | | **Submitted date:** | | | | | | | |
| **FIC No.:** | | | | **Type of submission** | | | Initial  Conversion | | | | | | |
| **Item** | **Requirement** (Mark “🗸” if requirement is completed) | | | | | | | | | | | | |
| 0 | Is This Practical Examination the First Attempt? (Yes/ No) | | | | | | | | | | | |  |
| 1 | Type of instructor certificate you would like to request. (e.g. FI(A), TRI(A)) | | | | | | | | | | | |  |
| 2 | Please specify the rating you would like to request. (e.g. SEP/IR, A330/IR and PBN) | | | | | | | | | | | |  |
| 3 | Do you hold a valid license and rating with IR or IR/PBN? (Yes/ No) | | | | | | | | | | | |  |
| 4 | Current valid licence type (e.g. PPL-H, CPL-A, ATPL-H)-If Applicable. | | | | | | | | | | | |  |
| 5 | Current licence number (e.g. TH.FCL.0001234)-If Applicable. | | | | | | | | | | | |  |
| 6 | Have you successfully demonstrated knowledge of the TCAR PEL Part FCL Regulation Subpart J requirements? | | | | | | | | | | | |  |
| 7 | ATO / Company / Organisation Name. | | | | | | | | | | | |  |
| 8 | Phone number | | | | | | | | | | | |  |
| 9 | Please identify, which do you want to take the assessment with? (Simulator or an Actual Aircraft). | | | | | | | | | | | |  |
| **Part II: Check submitted document** (Mark “x” on check item) | | | | | | | | | | | | | |
| **Item** | **Document list** | | | | | | | **Check** | | | | **Remark** | |
| **Yes** | | **No** | **N/A** |
| 10 | Application form for conversion the existing instructor certificate to TCAR Part FCL Subpart J. | | | | | | |  | |  |  |  | |
| 11 | [For FI, TRI, CRI, IRI, RPASI]: Certified true copy of valid licence (All Pages) | | | | | | |  | |  |  |  | |
| 12 | [For SFI, MCCI, STI]: Certified true copy of licence hold or had held (All Pages). | | | | | | |  | |  |  |  | |
| 13 | [For FI, TRI, CRI, IRI, RPASI]: Certified true copy of valid medical certificate appropriate for the type of licence. | | | | | | |  | |  |  |  | |
| 14 | Organisation letter certifying flight instructor work experience. | | | | | | |  | |  |  |  | |
| 15 | Certified true copy of logbook showing that applicant has the qualification in TCAR Part FCL Subpart J and CAAT requirements. | | | | | | |  | |  |  |  | |
| 16 | Organisation letter certifying flight hrs. or experience in accordance with TCAR PEL FCL Subpart J and the CAAT requirements. | | | | | | |  | |  |  |  | |
| 17 | Organisation letter request for instructor assessment accordance with TCAR Part FCL Subpart J and the CAAT requirements. | | | | | | |  | |  |  |  | |
| 18 | Certified true copy of the valid instructor certificate or flight instructor endorsement. | | | | | | |  | |  |  |  | |
| 19 | Certified document showing that applicant successfully demonstrated knowledge of the TCAR Part FCL Subpart J. | | | | | | |  | |  |  |  | |
| 20 | Other documents, please specify. | | | | | | |  | | | | | |
| Document completed on: | | | | | Verified by: | | | | | | | | |