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| REPUBLIC OF CYPRUS |  | **DEPARTMENT OF CIVIL AVIATION** |
| EXAMINERS REPORT FOR INSTRUCTORS ASSESSMENT of COMPETENCE (AoC)TRI(A)/SFI(A) Only |

Please complete the form electronically and then print and sign using black or dark blue ink.

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| **FALSE REPRESENTATION STATEMENT****It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.** |

*Note – Examiners are reminded as per FCL.1030 that they must complete this Report Form, provide the applicant with a signed report of the skill test and submit without delay copies of the report to the competent authority responsible for the applicant’s license, and to the competent authority that issued the examiner certificate*. *Examiners remain responsible for submitting the examiner’s report to Licensing Section, within 14 working days from the skill test.*

*An examiner may only endorse the certificate of revalidation in a pilot´s license (Section XII) or to renew a rating which has not expired by more than 3 years and is still included in the license. If the rating has expired by more than 3 years, or has been removed from Section XII of the license, an application must be submitted to Licensing Section for the rating to be entered into the certificate of revalidation subject to a fee*.

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| 1. APPLICANT DETAILS |
| Cyprus DCA Personal reference number: CY.FCL.       |
| Title:       | Surname:       | Forename(s):       |
| Tel:       | Email:       | Date of Birth:       |

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| 2. PURPOSE OF AoC |
| Initial Issue [ ]  / Revalidation [ ]  / Renewal [ ]  / Extension of Priveledges [ ]  |
| Aircraft Type:       |

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| 3. DETAILS OF APPLICANT’S LICENCE |
| Licence Type | Licence Expiry Date(if applicable) | Type Rating or LPC | Type Rating Expiry Date |
|       |       |       |       |
|       |       |       |       |
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| 4. DETAILS OF INSTRUCTOR CERTIFICATE(s) HELD *(if applicable)* |
| Type / Privileges of Instructor Certificate | Expiry Date | Restrictions (eg Simulator only etc.) | DCA Use Only |
|       | TRI | [ ]  | SFI | [ ]  |       |       |  |
|       | TRI | [ ]  | SFI | [ ]  |       |       |  |
|       | TRI | [ ]  | SFI | [ ]  |       |       |  |

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| 5. PRE-COURSE FLIGHT EXPERIENCE (Initial Issue or Renewal Only) |
| Total flight time on Multi Pilot Aeroplanes |       |
| Route sectors, including take-offs and landings, as PIC or Co-pilot on the applicable aeroplane Type within the 12 months preceding the date of application |       |
| Route sectors as PIC or Co-pilot on FFS representing the applicable aeroplane Type within the 12 months preceding the date of application |       |

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| 6. DECLARATION OF COURSE COMPLETION (FCL.930) |
| Approved Training Organisation (ATO):  |       | ATO Approval No: |       |
| ATO Approval issued by |       |
| I certify that (name)       has successfully completed an approved TRI (A) Training Course in accordance with ATO Approved Training Manual for the specified Aircraft Type       |
| Name of Approved ATO Signatory: |       |
| Signature of Approved ATO Signatory: |       | Date: |       |
| The course consisted of:i) At least 25 hours of teaching and learning, orii) Credit towards the teaching and learning was given in accordance with FCL.930.TRI (b) Type of INSTRUCTOR CERTIFICATE held       Expiry Date:        (Please attach copy to this application)iii)       hours of technical trainingiv)       hours of flight instruction in a FFS  and / or       hours of Flight instruction in an Aeroplane | (Tick ✓) [ ] (Tick ✓) [ ] (Tick ✓) [ ] (Tick ✓) [ ] (Tick ✓) [ ]  |

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| 7. Aeroplane - TRI (A) Revalidation |
| For revalidation of a TRI(A) certificate, the applicant shall, within the last 12 months preceding the expiry date of thecertificate, fulfil two of the requirements at 1, 2 or 3 below: |
| Expiry Date of current TRI certificate:       | Enter Date ofrelevant revalidationrequirement below | DCA Use Only |
| 1 | Conduct one of the following parts of a complete Type Rating training course:i) simulator session of at least 3 hours, orii) one air exercise of at least 1 hour comprising a minimum of 2 takeoffs and landings; | (Tick ✓) [ ] (Tick ✓) [ ]  |       |  |
| 2 | Receive instructor refresher training as a TRI at an ATO | (Tick ✓) [ ]  |       |  |
| 3 | Pass an assessment of competence in accordance with FCL.935 | (Tick ✓) [ ]  |       |  |

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| 8. Aeroplane - TRI (A) Renewal |
| For Renewal of a TRI Certificate the applicant shall comply with items 1, 2 and 3 below: |
| Expiry Date of last TRI certificate:       | Enter Date of relevantrenewal requirement below(if applicable) | DCA Use Only |
| 1 | Completed within the last 12 months preceding the application at least 30 route sectors, to include take-offs and landings on the applicable aeroplane Type, of which not more than 15 sectors may be completed in a flight simulator | Please supply copy of logbook pages |  |
| 2 | Completed the relevant parts of a TRI course at an approved ATO |       |  |
| 3 | Conducted on a complete Type rating course at least 3 hours of flight instruction on the applicable Type of aeroplane under the supervision of a TRI (A) |       |  |

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| 9. Aeroplane - TRI (A) Extension of Privileges to another Type |
| Where the privileges of a TRI (A) are restricted to the Type of aeroplane in which the training and the assessment of competence was taken. The privileges of the TRI shall be extended to further Types when the TRI has: | DCA Use Only |
| 1 | Completed within the 12 months preceding the application, at least 15 route sectors, including take-offs and landings on the applicable aircraft Type, of which 7 sectors may be completed in an FFS | (Tick ✓) [ ]  | Provide copy of logbook pages |  |
| 2 | Completed the technical training and flight instruction parts of the relevant TRI course | (Tick ✓) [ ]  | Provide copy of relevant parts of TRI course |  |
| 3 | Passed the relevant sections of the assessment of competence in accordance with FCL.935 | (Tick ✓) [ ]  | Provide Assessment of Competence |  |

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| 10. Aeroplane - TRI (A) Restricted Privileges |
| For addition of a privilege or removal of a restricted privilege on a TRI(A) Please complete this section. |
| I hereby apply for the addition the PRIVILEGE below: | (Tick ✓) | Expiry Date of current TRI certificate: | DCA Use Only |
| 1 | Simulator and Aircraft | [ ]  | Attach Evidence of applicable Assessment ofCompetence(s) to add Privilege |  |
| 2 | Aircraft only | [ ]  | Attach Evidence of applicable Assessment ofCompetence(s) to add Privilege |  |
| 3 | Simulator only | [ ]  | Attach Evidence of applicable Assessment ofCompetence(s) to add Privilege |  |
| 4 | Simulator only plus ZFTT LIFUS | [ ]  | Attach Evidence of applicable Assessment ofCompetence(s) to add Privilege |  |
| 5 | Simulator only plus take-off andlandings (Base Training) | [ ]  | Attach Evidence of applicable Assessment ofCompetence(s) to add Privilege |  |

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| 10. DECLARATION OF APPLICANT |
| 1. I DECLARE that the information given on this form is correct. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.
2. I confirm that I have received by the Examiner a signed copy of this Examiner Report.
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| Applicant’s Signature:       | Date:       |

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| 11. NATIONAL PROCEDURE DECLARATION *(only for NON-CYPRUS DCA EXAMINERS)*  |
| I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant’s Competent Authority (Cyprus DCA) contained in the current version of the Examiner Differences Document.Version:       |
| Date (dd/mm/yyyy):       |
| Examiner’s signature: |       |

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| **12. ASSESSMENT OF COMPETENCE *(against performance standards as per AMC 1 FCL.920)*** |
|  | **Name in Capital** | **Seat** | **Licence No:** |
| Applicant |  | L / R / IOS |  |
| Other Flight Crew |  | L / R / IOS |  |
| SFE / TRE |  | L / R / IOS |  |
| Date: |  | Finish (time): |  | Landings: |  |
| Sim Reg: |  | Started (time): |  | T & G: |  |
| Airports: |  | Nett (time): |  | F/Stop: |  |

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| **Item No:** | **Description** | **Pass****✓** | **Fail****✓** | **Comments**(as may be necessary) |
| **Section 1: GENERAL** |
| 1.1 | Safety Awareness | [ ]  | [ ]  |  |
| 1.2 | Aircraft Technical knowledge | [ ]  | [ ]  |       |
| 1.3 | Knowledge, Skills and Attitudes relevant to the role of the TRI | [ ]  | [ ]  |       |
| 1.4 | Importance of human factors in the man-machine environment and the role of CRM | [ ]  | [ ]  |       |
| 1.5 | Identification and correction of errors | [ ]  | [ ]  |       |
| 1.6 | Standard Operating procedures | [ ]  | [ ]  |       |
| 1.7 | Training administration (Training Records – course approvals, Aircraft, FSTD approvals etc.) | [ ]  | [ ]  |       |
| **Section 2: PRE-FLIGHT BRIEFING** |
| 2.1 | Presentation technique | [ ]  | [ ]  |       |
| 2.2 | Technical accuracy | [ ]  | [ ]  |       |
| 2.3 | Clarity of explanation | [ ]  | [ ]  |       |
| 2.4 | Clarity of speech | [ ]  | [ ]  |       |
| 2.5 | Instructional technique | [ ]  | [ ]  |       |
| 2.6 | Use of training aids | [ ]  | [ ]  |       |
| 2.7 | Student participation | [ ]  | [ ]  |       |
| **Section 3: FLIGHT** |
| 3.1 | Effectiveness of demonstration exercise | [ ]  | [ ]  |       |
| 3.2 | Correction of errors or techniques | [ ]  | [ ]  |       |
| 3.3 | Aircraft / FSTD Operation | [ ]  | [ ]  |       |
| 3.4 | Instructional technique | [ ]  | [ ]  |       |
| 3.5 | General airmanship and safety | [ ]  | [ ]  |       |
| 3.6 | Positioning and use of airspace | [ ]  | [ ]  |       |
| 3.7 | Interaction with Student | [ ]  | [ ]  |       |
| **Item No:** | **Description** | **Pass****✓** | **Fail****✓** | **Comments**(as may be necessary) |
| **Section 4: POST-FLIGHT DEBRIEFING** |
| 4.1 | Presentation technique | [ ]  | [ ]  |       |
| 4.2 | Technical accuracy | [ ]  | [ ]  |       |
| 4.3 | Clarity of explanation | [ ]  | [ ]  |       |
| 4.4 | Clarity of speech | [ ]  | [ ]  |       |
| 4.5 | Instructional technique | [ ]  | [ ]  |       |
| 4.6 | Use of training aids | [ ]  | [ ]  |       |
| 4.7 | Student participation | [ ]  | [ ]  |       |
| **Section 5: OTHER EXERCISES** |
| 5.1 |  | [ ]  | [ ]  |       |
| 5.2 |  | [ ]  | [ ]  |       |
| 5.3 |  | [ ]  | [ ]  |       |

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| **Results: Pass** **[ ]  Fail** **[ ]**  |
| Additional Comments:       |
| Examiner’s Signature: |       |
| Applicant’s Acknowledgement: |
| 1. I understand that I have failed the items notified above.
2. I understand that for any comment or appeal regarding the above test I have the right to submit an email to: eld@dca.mcw.gov.cy
 |
| Applicant’s Signature: |       |

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| **13. INSTRUCTIONS TO CANDIDATES** |
| In case of Revalidation / Renewal of Instructor Certificate with LIC – 055, please complete also and submit form LIC – 09 (with all the relevant documents as described in Section 14 of LIC-09)  |

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| **14. SUBMISSION INSTRUCTIONS** |
| Send your completed application form to:Department of Civil Aviation, Licensing Section, 27 Pindarou Street,1060 Nicosia, Cyprus |
|  | Tick submitted documents | DCA Use only |
| Copy of Course Completion Certificates (if section 6 is not completed) | [ ]  |  |
| Copy of applicant’s valid EASA Part-MED Medical Certificate | [ ]  |  |
| Copy of FSTD approval certificate (if applicable) | [ ]  |  |
| Copy of the examiner's certificate | [ ]  |  |
| Copy of applicant’s endorsed licence  | [ ]  |  |
| Payment Form | [ ]  |  |
| Additionally, if Examiner or ATO is not approved by Cyprus DCA |
| Copy of Part-ORA Approved Training Organisation approval certificate | [ ]  |  |
| Copy of Examiner’s approval certificate, license and Medical Certificate | [ ]  |  |
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| **Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.** |
| **Note**: **Guidance for Certification of Original Documents**The following people can act as 'certifiers':• Head of Training or Compliance Manager of Approved Training Organisation.Instructions for the certifier of your original documents are as follows:1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.2. Insert signature and date.3. Certifier’s name must be printed in block capitals.4. Must include position or capacity, e.g. Head of Training |

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| **13. FOR DCA USE** *(by Licensing Administrator)* |
| Enclosures/Remarks |  Submission Date:  |
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| Checked by: | Signed: | Date: |