



APPLICATION FOR APPOINTMENT OF A TRI/SFI EXAMINER

Company Name	
Company Address	
	Tel.No: E-mail:

Chief Tutor for the course to which this application relates

Name:	Tel.No:
	E-mail:
	Pilot's Licence Number:
Contact details (if different from above)	
Name:	Tel.No:
	E-mail:

Nominee for appointment as TRI Examiner (full name)	Name:
	E-mail:
	Pilot's Licence Number:

APPROVED TRI/SFI COURSE DETAILS (*tick in the appropriate box)

✓	Aircraft Type/Simulator Code	
	Simulator	
	Aircraft	
	Combined Simulator & Aircraft	

CHIEF TUTOR'S CERTIFICATE

I certify that the above named nominee:

- 1 has an ATPL(A) which is in all respects valid (including Type Rating and TRI Rating: both on the aircraft type to which this course relates);
- 2 is a qualified and practising Tutor on the TRI/SFI Course named above;
- 3 is a current Type Rating Examiner on the aircraft type to which this course relates (simulator or aircraft, as applicable to the TRI tests to be conducted).

Chief Tutor's signature:

Date of signing:

SUBMISSION INSTRUCTIONS

In accordance with the SCAA Scheme of Charges "Authorisation and Approval of Persons" as contained in the Air Navigation Order.

This completed form must be forwarded together with Payment form SR1187 without delay to:

morr@scaa.sc

or faxed to +248 384 033

or posted to Flight Operations Inspectorate
Safety Regulation
Seychelles Civil Aviation Authority
P.O Box 181
Victoria, Mahe
Seychelles

Please note that failure to submit all of the required documentation may lead to a delay in processing your application.