



# CIVIL AVIATION AUTHORITY

## CZECH REPUBLIC

CAA-F-ZLP-029-0-22

### Flight Division

| APPLICATION AND REPORT FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
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| TRI MPA / SPA – revalidation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Applicants personal particulars                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <table border="1"> <tr> <td>First and Last name(s):</td> <td>Date of Birth:</td> </tr> <tr> <td>Licence type and No:</td> <td>Applicable type(s):<br/>of aircraft(s)</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               | First and Last name(s):                                                  | Date of Birth:                                                                                                      | Licence type and No:                                 | Applicable type(s):<br>of aircraft(s)                                                                    |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| First and Last name(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of Birth:                                                                                                                                                |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Licence type and No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Applicable type(s):<br>of aircraft(s)                                                                                                                         |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Last assessment of competence TRI(A) conducted on (date):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Revalidation requirements                                                                                                                                     |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <p>12 month preceding the expiry date of the certificate fulfil 2 out of the 3 requirements:</p> <p>1. <input type="checkbox"/> Conduct one of the following parts of a complete type rating or recurrent training course:</p> <p>1A: <input type="checkbox"/> simulator session of at least 3 hours; or</p> <p>1B: <input type="checkbox"/> one air exercise of at least 1 hour comprising a minimum of 2 take-offs and landings;</p> <p>2. <input type="checkbox"/> Complete instructor refresher training as a TRI(A) at an ATO (provided as a seminar);</p> <p>3. <input type="checkbox"/> Pass the assessment of competence* (FCL.935)</p> <p>* For each alternate revalidation, holder shall pass assessment of competence</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Summary of training provided during complete type rating or recurrent training course within the last 12 months preceding the expiry date of the certificate. |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Amount of training during complete type rating or recurrent training course as simulator session (hours):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Amount of training during complete type rating or recurrent training course as an air exercise (hours / take offs and landings):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Refresher training as a TRI at an ATO provided as a seminar:                                                                                                  |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <table border="1"> <tr> <td>Date(s) of seminar:</td> <td>Place:</td> </tr> <tr> <td>Name of the ATO:</td> <td>ATO certificate No.</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               | Date(s) of seminar:                                                      | Place:                                                                                                              | Name of the ATO:                                     | ATO certificate No.                                                                                      |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Date(s) of seminar:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Place:                                                                                                                                                        |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| Name of the ATO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ATO certificate No.                                                                                                                                           |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <p>Declaration by the responsible organiser: I certify that the TRI(A) seminar was successfully completed in the following content:</p> <table border="0"> <tr> <td><input type="checkbox"/> relevant changes to national or EU regulations;</td> <td><input type="checkbox"/> flight safety, prevention of incidents and accidents, including those specific to the ATO;</td> </tr> <tr> <td><input type="checkbox"/> the role of the instructor;</td> <td><input type="checkbox"/> significant changes in the content of the relevant part of the aviation system;</td> </tr> <tr> <td><input type="checkbox"/> teaching and learning styles;</td> <td><input type="checkbox"/> legal aspects and enforcement procedures;</td> </tr> <tr> <td><input type="checkbox"/> observational skills;</td> <td><input type="checkbox"/> developments in competency-based instruction;</td> </tr> <tr> <td><input type="checkbox"/> instructional techniques;</td> <td><input type="checkbox"/> report writing</td> </tr> <tr> <td><input type="checkbox"/> briefing and debriefing skills;</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TEM;</td> <td></td> </tr> <tr> <td><input type="checkbox"/> human performance and limitations;</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Additional topics:</td> <td></td> </tr> </table> |                                                                                                                                                               | <input type="checkbox"/> relevant changes to national or EU regulations; | <input type="checkbox"/> flight safety, prevention of incidents and accidents, including those specific to the ATO; | <input type="checkbox"/> the role of the instructor; | <input type="checkbox"/> significant changes in the content of the relevant part of the aviation system; | <input type="checkbox"/> teaching and learning styles; | <input type="checkbox"/> legal aspects and enforcement procedures; | <input type="checkbox"/> observational skills; | <input type="checkbox"/> developments in competency-based instruction; | <input type="checkbox"/> instructional techniques; | <input type="checkbox"/> report writing | <input type="checkbox"/> briefing and debriefing skills; |  | <input type="checkbox"/> TEM; |  | <input type="checkbox"/> human performance and limitations; |  | <input type="checkbox"/> Additional topics: |  |
| <input type="checkbox"/> relevant changes to national or EU regulations;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> flight safety, prevention of incidents and accidents, including those specific to the ATO;                                           |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> the role of the instructor;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> significant changes in the content of the relevant part of the aviation system;                                                      |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> teaching and learning styles;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> legal aspects and enforcement procedures;                                                                                            |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> observational skills;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> developments in competency-based instruction;                                                                                        |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> instructional techniques;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> report writing                                                                                                                       |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> briefing and debriefing skills;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> TEM;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> human performance and limitations;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <input type="checkbox"/> Additional topics:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
| <table border="1"> <tr> <td>Date of approval:</td> <td>Name(s) of organiser:<br/>(capital letters)</td> </tr> <tr> <td>Date and place:</td> <td>Signature of organizer:</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               | Date of approval:                                                        | Name(s) of organiser:<br>(capital letters)                                                                          | Date and place:                                      | Signature of organizer:                                                                                  |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |
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| Date and place:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of organizer:                                                                                                                                       |                                                                          |                                                                                                                     |                                                      |                                                                                                          |                                                        |                                                                    |                                                |                                                                        |                                                    |                                         |                                                          |  |                               |  |                                                             |  |                                             |  |

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| 5                                                                                                                                                                                                           | Assessment of competence: |      |                          |                                |                          |      |                          |  |
| Theoretical oral examination:                                                                                                                                                                               |                           |      |                          | Skill test:                    |                          |      |                          |  |
| PASS                                                                                                                                                                                                        | <input type="checkbox"/>  | FAIL | <input type="checkbox"/> | PASS                           | <input type="checkbox"/> | FAIL | <input type="checkbox"/> |  |
| FSTD (aeroplane type):                                                                                                                                                                                      |                           |      |                          | FSTD ID code:                  |                          |      |                          |  |
| Type of aeroplane:                                                                                                                                                                                          |                           |      |                          | Registration:                  |                          |      |                          |  |
| Aerodrome or site:                                                                                                                                                                                          |                           |      |                          | Total time:                    |                          |      |                          |  |
| Departure:                                                                                                                                                                                                  |                           |      |                          | Arrival:                       |                          |      |                          |  |
| Name of Examiner (in capital letters):                                                                                                                                                                      |                           |      |                          |                                |                          |      |                          |  |
| Number of Examiner's Licence:                                                                                                                                                                               |                           |      |                          | Examiner's Certificate Number: |                          |      |                          |  |
| Location and Date:                                                                                                                                                                                          |                           |      |                          |                                |                          |      |                          |  |
| I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document. |                           |      |                          |                                |                          |      |                          |  |
| <b>REVALIDATION STATEMENT:</b><br>New certificate TRI(A) is valid to:<br>Types of aeroplanes:                                                                                                               |                           |      |                          |                                |                          |      |                          |  |
| Signature of Examiner:                                                                                                                                                                                      |                           |      |                          | Signature of Applicant:        |                          |      |                          |  |

| 8 Assessment of competence FCL.935:                                                                                                                            |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                           |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Competence                                                                                                                                                     | Performance                                                                                                                                                                                                                                      | Knowledge                                                                                                                                                                                                                                                                                 | PASS                     | FAIL                     |
| Prepare resources                                                                                                                                              | (a) ensures adequate facilities;<br>(b) prepares briefing material;<br>(c) manages available tools;<br>(d) plans training within the training envelope of the training platform, as determined by the ATO (Note: See GM1 ORA.ATO.125 point (f)). | (a) understand objectives;<br>(b) available tools;<br>(c) competency-based training methods;<br>(d) understands the training envelope of the training platform, as determined by the ATO (Note: See GM1 ORA.ATO.125 point (f)) and avoids training beyond the boundaries of this envelope | <input type="checkbox"/> | <input type="checkbox"/> |
| Create a climate conducive to learning                                                                                                                         | (a) establishes credentials, role models appropriate behaviour;<br>(b) clarifies roles;<br>(c) states objectives;<br>(d) ascertains and supports student pilot's needs.                                                                          | (a) barriers to learning;<br>(b) learning styles.                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Present knowledge                                                                                                                                              | (a) communicates clearly;<br>(b) creates and sustains realism;<br>(c) looks for training opportunities                                                                                                                                           | teaching methods                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrate TEM and CRM                                                                                                                                          | (a) makes TEM and CRM links with technical training;<br>(b) for aeroplanes: makes upset prevention links with technical training                                                                                                                 | (a) TEM and CRM;<br>(b) Causes and countermeasures against undesired aircraft states                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Manage time to achieve training objectives                                                                                                                     | Allocates the appropriate time to achieve competency objective.                                                                                                                                                                                  | syllabus time allocation                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitate learning                                                                                                                                            | (a) encourages trainee participation;<br>(b) shows motivating, patient, confident and assertive manner;<br>(c) conducts one-to-one coaching;<br>(d) encourages mutual support.                                                                   | (a) facilitation;<br>(b) how to give constructive feedback;<br>(c) how to encourage trainees to ask questions and seek advice.                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Assesses trainee performance                                                                                                                                   | (a) assesses and encourages trainee self-assessment of performance against competency standards;<br>(b) makes assessment decision and provides clear feedback;<br>(c) observes CRM behaviour.                                                    | (a) observation techniques;<br>(b) methods for recording observations.                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitor and review progress                                                                                                                                    | (a) compares individual outcomes to defined objectives;<br>(b) identifies individual differences in learning rates;<br>(c) applies appropriate corrective action.                                                                                | (a) learning styles;<br>(b) strategies for training adaptation to meet individual needs.                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluate training sessions                                                                                                                                     | (a) elicits feedback from student pilots;<br>(b) tracks training session processes against competence criteria;<br>(c) keeps appropriate records                                                                                                 | (a) competency unit and associated elements;<br>(b) performance criteria.                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Report outcome                                                                                                                                                 | Reports accurately using only observed actions and events.                                                                                                                                                                                       | (a) phase training objectives;<br>(b) individual versus systemic weaknesses.                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral theoretical examinations on the ground, pre-flight and post-flight briefings and inflight demonstrations in the appropriate aircraft class, type or FSTD: |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                           |                          |                          |
| Exercises adequate to evaluate the instructor's competencies:                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                           |                          |                          |