

**Civil Aviation Directorate**

Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta. Tel: +356 2555 5000 [cadpel.tm@transport.gov.mt](mailto:cadpel.tm@transport.gov.mt) [www.transport.gov.mt](http://www.transport.gov.mt)

**WARNING TO ALL APPLICANTS** – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

**Data Protection Notice** - All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (Regulation 2016/679/EU) and Chapter 440 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

**FI(S) Certificate  
Application Form**

**Licence Type /No:**

**To be completed by the applicant**

Last and First Name: \_\_\_\_\_

Date of Birth dd/mm/yyyy: \_\_\_\_\_ Nationality: \_\_\_\_\_

Place and Country of Birth \_\_\_\_\_ Age: \_\_\_\_\_ (Minimum 18 years)

email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Mobile) \_\_\_\_\_

Class of Medical Certificate held : \_\_\_\_\_ Valid until Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Launch Method(s) SFCL.155**

☐ Winch Launch ☐ Car Launch ☐ Aerotow ☐ Bungee Launch ☐ Self-Launch

For instruction on Aerotow Launches \_\_\_\_\_ Minimum 30, Winch Launches \_\_\_\_\_ Minimum 50 (SFCL.315(a)(3))

**Initial Issue**

I am applying for a Flight Instructor Certificate: Initial Issue ☐ (Appendix 1)

**Extension of Privileges**

I am applying to extend the privileges of my Flight Instructor Certificate in accordance with Part-FCL:

SFCL.315(a)(2) Sailplanes ☐ (Appendix 4)

SFCL.315(a)(4) TMG extension ☐ (Appendix 4)

SFCL.315(a)(5) Basic Aerobatic privilege ☐ (Appendix 3)

SFCL.315(a)(5) Advanced Aerobatic privilege ☐ (Appendix 3)

SFCL.315(a)(5) Sailplane Towing rating ☐ (Appendix 3)

SFCL.315(a)(5) Banner Towing rating ☐ (Appendix 3)

SFCL.315(a)(5) Sailplane Cloud Flying privilege ☐ (Appendix 3)

SFCL.315(a)(6) TMG Night rating ☐ (Appendix 3)

SFCL.315(a)(7) FI(S) ☐ (Appendix 5)

SFCL.350(c) Removal of Supervisory Restriction ☐ (Appendix 2)

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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**Appendix 1**

**Initial Issue for the FI(S)**

**Applicant's Full Name and Licence No:**

**To be completed by the applicant**

Flight time as PIC on Sailplanes hours: \_\_\_\_\_ *Minimum 100 hours*

Launches as PIC on Sailplanes No.: \_\_\_\_\_ *Minimum 200*

Assessment of Competence completed on date: \_\_\_\_\_  
(attach form TM/CAD/0470)

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the ATO/DTO conducting the training - FI Pre-Entry Flight Assessment**

I recommended (name) \_\_\_\_\_ for the Flight Instructor Course.

Date of satisfactory pre-entry flight test: \_\_\_\_\_

Name of FI qualified in accordance with SFCL.315(a)(7) who conducted flight test: \_\_\_\_\_

Licence Number: \_\_\_\_\_ Competent Authority issuing Licence: \_\_\_\_\_

ATO/DTO: \_\_\_\_\_ ATO/DTO Reference No: \_\_\_\_\_

Competent Authority issuing ATO/DTO: \_\_\_\_\_

Signature (FI who conducted flight assessment): \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the ATO/DTO - FI Course**

The ATO confirms that the candidate has been trained according to the approved syllabus for the FI(S) in accordance with Part-FCL and assures the level of proficiency required.

ATO/DTO Name: \_\_\_\_\_ ATO/DTO Reference number: \_\_\_\_\_

Competent Authority of the ATO/DTO: \_\_\_\_\_

Name of HT: \_\_\_\_\_ Licence number: \_\_\_\_\_

Location & date: \_\_\_\_\_

Teaching and learning hours: \_\_\_\_\_ *Minimum 25 hours*

Teaching & learning course completed on date: \_\_\_\_\_ or tick ☐ if credited.

Theoretical Knowledge instruction including progress tests hours: \_\_\_\_\_ *Min 30 hours (including credit)*  
*If credited also fill in bottom part of this section*

Flight instruction hours: \_\_\_\_\_ *Minimum 6 hours,*

of which on TMGs hours: \_\_\_\_\_ *Maximum 3 hours* or launches: \_\_\_\_\_ *Maximum 20*

Credit (if applicable)

(i) If applicant holds instructor certificates with Part-FCL or Part-BFCL he/she may be credited for the teaching and learning part.

(ii) If applicant holding an FI (H) or (As) credit given towards the requirement of 30 hours Theoretical Knowledge instruction, including progress tests with hours: \_\_\_\_\_ *Maximum 18 hours,*

Signature of HT: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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## Appendix 2

### Removal of Supervisory Restriction

Applicant's Full Name and Licence No:

#### To be completed by the applicant

##### **FI Removal of Supervisory Restriction including TMG privileges**

Flight instruction covering all phases of sailplane flight experience as below:

I have completed Hours (a): \_\_\_\_\_ in sailplanes and Hours (b): \_\_\_\_\_ in TMGs *Maximum 5*  
(a+b = *Minimum 15 hours*)

**OR**

No. of Launches (a) \_\_\_\_\_ and No. of Take-offs (b): \_\_\_\_\_ in TMGs *Maximum 15*  
(a+b = *Minimum 50*)

**Note: if TMG privileges are not applicable (b) should not be filled in.**

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

#### To be completed by the ATO/DTO

I certify that the flight experience listed by the applicant in his/her logbook (or other) is correct and meets the requirements of SFCL.350(c) for the removal of the supervisory restriction.

ATO/DTO Name: \_\_\_\_\_ ATO/DTO Reference number: \_\_\_\_\_

Competent Authority of the ATO/DTO: \_\_\_\_\_

Name of HT: \_\_\_\_\_ Licence number: \_\_\_\_\_

Location & date: \_\_\_\_\_

Signature (Head of Training): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A document is required with a list of the above requirements and signed by the Head of Training of the DTO/ATO declaring that the information provided is correct and meets the requirements of SFCL.350 for the removal of the supervisory restriction.**

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## Appendix 3

**Extension of Privileges for the Flight Instruction for the Night Rating, Banner Towing Rating, Sailplane Towing Rating, Basic Aerobatic privilege, Advanced Aerobatic privilege, Cloud Flying privilege**

**Applicant's Full Name and Licence No:**

**To be completed by the applicant**

**Night Rating**

☐ I comply with the night experience requirements in point SFCL.160(e)(2) (*logbook required*)

I have completed dual flight instruction Hours: \_\_\_\_\_ *Minimum 6 hours on TMGs.*

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct at night.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the applicant**

**Banner Towing**

☐ I hold a Banner Towing Rating (*logbook or licence required*)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for the Banner Towing Rating.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the applicant**

**Sailplane Towing**

☐ I hold a Sailplane Towing Rating (*logbook or licence required*)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for the Sailplane Towing Rating.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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**Appendix 3 cont.**

**Extension of Privileges for the Flight Instruction for the Night Rating, Banner Towing Rating, Sailplane Towing Rating, Basic Aerobatic privilege, Advanced Aerobatic privilege, Cloud Flying privilege**

**Applicant's Full Name and Licence No:**

**To be completed by the applicant**

**Basic Aerobatic**

☐ I hold Advanced Aerobatic Privilege (*logbook or licence required*)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for the basic aerobatic privilege.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the applicant**

**Advanced Aerobatic**

☐ I hold Advanced Aerobatic Privilege (*logbook or licence required*)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for the advanced aerobatic privilege.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the applicant**

**Sailplane Cloud Flying Privilege**

☐ I hold Sailplane Cloud Flying Privilege (*logbook or licence required*)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for the Sailplane Cloud Flying Privilege.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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## Appendix 4

### Extension of Privileges to Instruct in Sailplanes or TMGs

**Applicant's Full Name and Licence No:**

**To be completed by the applicant**

**Sailplane Privilege**

☐ I hold Sailplane Privilege as per SFCL.130 (a)(2)(iv) (logbook or licence required) OR

Completed training as per SFCL.130 (a)(2)(iv) on date: \_\_\_\_\_ (logbook entry required) and

Completed Assessment of Competence on date: \_\_\_\_\_  
(attach form TM/CAD/0470)

I have completed launches and landings in sailplanes, excluding TMGs No.: \_\_\_\_\_ Minimum 15

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the applicant**

**TMG Privilege**

☐ I hold TMG Privilege as per SFCL.130(a)(2)(v) (logbook or licence required) OR

Completed training as per SFCL.130(a)(2)(v) on date: \_\_\_\_\_ (logbook entry required) and

Completed Assessment of Competence on date: \_\_\_\_\_  
(attach form TM/CAD/0470)

I have completed as PIC on TMGs Hours: \_\_\_\_\_ Minimum 30 hours

I have completed dual flight instruction Hours: \_\_\_\_\_ Minimum 6 hours on TMGs.

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by an Instructor certified in accordance with SFCL.315(a)(7)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct in TMGs.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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## Appendix 5

Extension of privileges to conduct flight instruction for FI(S) certificate(s),

**Applicant's Full Name and Licence No:**

**To be completed by the applicant**

I wish to apply for the extension of my FI(S) to conduct flight instruction for the issue of the FI(S)

I have completed the Initial FI(S) course on Date: \_\_\_\_\_

Flight instruction in sailplanes hours: \_\_\_\_\_ *Minimum 50 hrs* or launches No: \_\_\_\_\_ *Minimum 150*

Demonstrated on Date : \_\_\_\_\_ to a Flight Instructor (S) qualified with SFCL.315(a)(7)  
the ability to instruct for the FI certificate

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**To be completed by the FI(S)**

I being an instructor certified in accordance with SFCL.315(a)(7) certify that the applicant demonstrated the ability to instruct for FI(S) course.

Instructor Last and First Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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## FI(S) Certificate

### Submission Instructions

#### Documents required:

1. A copy of the Malta ID Card (both sides) or Passport  
[Original has to be presented before licence is collected / Not required if the applicant already holds a Malta part FCL licence]
2. A copy of the Licence held
3. Logbook – All flight instruction must be signed by the instructor
4. Copy of all instructor licences / certificates
5. Copy of Medical Certificate.
6. Copy of ATO/DTO Certificate/Declaration Transport Malta is not the Competent Authority
7. Assessment of Competence Form TM/CAD/0470 - *if applicable*
8. A copy of the FI (H) or (As) licences / certificates if credit is given.
9. Copy of SFCL.315(a)(7) certificate if applicable
10. Copy of Flight Examiner Certificate if applicable
11. Copy of instructor seminar certificate and certificate of ATO/DTO approved to conduct the seminar.
12. Copy of Course Completion Certificate

**It is important to send all the documents to avoid a delay in the issue of the licence.**

#### Transport Malta – Civil Aviation Directorate Bank Details:

Bank Name: Bank of Valletta  
Bank Branch: Naxxar  
Bank Address: 38, Triq tal-Labour, Naxxar NXR 9020  
Bank's BIC Code: VALLMTMT  
Sort Code: 22013  
Account Holder: Transport Malta – Civil Aviation Directorate  
Account No: 12000580013  
IBAN No: MT13VALL 22013 0000 000 12000 5800 13

**Fee:** The applicable fee in the Malta Air Navigation Act on the Transport Malta website has to be submitted with the application.

**Queries:** If you need additional information send an email to [cadpel.tm@transport.gov.mt](mailto:cadpel.tm@transport.gov.mt) to the Attention of **Personnel**

**Licensing Section, Transport Malta Civil Aviation Directorate** - giving your contact telephone number.

#### Send completed form to:

Transport Malta – Civil Aviation Directorate, Personnel Licensing Section, Pantar Road Lija, LJA 2021, Malta



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### Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 440 and General Data Protection Regulation (EU) (GDPR) 2016/679. This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

#### 1. The information we collect and how we use it

- 1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.
- 1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

#### 2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal information is shared with the following third parties for reasons listed below:
  - Any third party offering assistance in providing the required service;
  - Any law enforcement body who may have any reasonable requirement to access your personal information;
  - Third party entities responsible for the data processing contracted by Transport Malta.

#### 3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
  - a. the right for information;
  - b. the right to access;
  - c. the right to rectification;
  - d. the right to erasure;
  - e. the right to restrict processing;
  - f. the right to object to processing;
  - g. the right to data portability;
  - h. the right to complain to a supervisory authority; and
  - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to [dataprotection.tm@transport.gov.mt](mailto:dataprotection.tm@transport.gov.mt). We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

#### 4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

#### 5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

#### 6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (Regulation 2016/679/EU) and Chapter 440 of the Laws of Malta (Data Protection Act).

#### 7. Data Protection Officer

- 7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: [dataprotection.tm@transport.gov.mt](mailto:dataprotection.tm@transport.gov.mt)

#### 8. Contacting us

- 8.1. Please address any questions, comments and requests regarding the application process to [cadpel.tm@transport.gov.mt](mailto:cadpel.tm@transport.gov.mt).