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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 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 (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be granted to 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.

Licence Type /No:

TRI (MPA)

IRI (IVIPA)	
To be completed by the applicant	
Application for:	
	RI(A) MPA Certificate Renewal of TRI(A)
Certificate (Appendix 1) (Appen	dix 2) (Appendix 3)
☐Extension to a further Variant. Aeroplane type:	Extension to Conduct LIFUS
(Appendix 4)	(Appendix 5)
☐Extension to conduct Landings Training in the aeroplane	e with no abnormal / emergency procedures (Appendix 6)
☐Extension to conduct abnormal / emergency procedures	
☐TRI (MPA) Application to instruct on the MPL course (A	opendix 8)
Last and First Name:	
Date of Birth dd/mm/vvvv:	Nationality:
Place and Country of Birth	Age:
email:	
Address:	
Address.	
Telephone Number (Home):	(Mobile)
Class of Medical Certificate held :	Valid till Date://
Licence held: ☐ CPL(A) ☐ MPL ☐ ATPL(A)	
Type Rating :Valid till	
TRI (MPA) Certificate Valid until//	
Signature of Applicant:	Date of Signature:



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Licence Type /No:

Appendix 1

PART 1 OF 2

TRI (MPA) - First Issue Application Form

To be completed by the applicant	
Last and First Name:	
TRI (A) requested on the following type:	
Type rating valid until date:	
Type of licence held: □CPL(A) □MPL □ATPL(A)	
Flight time as pilot on multi-pilot aeroplanes Hours:	Minimum 1500 hours
Completed in the last 12 months	_ (<i>Minimum 30) route sectors</i> , including
take-offs and landings, as PIC or co-pilot on the type above of w	hich (<i>Maximum 15</i>)route
sectors were completed in an FSS representing the type.	
Assessment of Competence completed on date:	as a TRI MP(A)
on □aircraft □FSTD*	(attach form TM/CAD/0179)
*TRI restricted to FSTDs only	
	te of Signature:
Signature of applicant: Da	te of Signature.
Signature of applicant: Da	te or Signature.
Signature of applicant: Da	te or Signature.
Signature of applicant: Da	te or Signature.
Signature of applicant: Da	te or Signature.



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Applicant's Full Name and Licence No:

Appendix 1

PART 2 OF 2

TRI (MPA) - First Issue Application Form

To be completed by ATO and signed by Head	l of training	
Training conducted in: ☐ FSTD only	☐ Aeroplane only	☐ FSTD and Aeroplane
ATO Name:	Certifica	ate number:
Type of Aeroplane:		
Teaching & learning hours:		Minimum 25 hours
Teaching & learning course completed on d	ate:	or tick □ if credited.
Technical training hours :		Minimum 10 hours
Flight instruction on the appropriate FSTD F	Houre:	(a)
		•
Flight instruction on the aeroplane Hours: _		(b) (a+b =Minimum 10 hours)
Course Start Date :	Course Completion	n Date:
Credit (if applicable) (i)Applicants holding or having held an instr	ructor certificate shall he fully	credited towards the requirement for the
teaching and learning part.	uctor certificate shall be fully	y creatied towards the requirement for the
(ii)Applicants holding an SFI certificate for the above requirements for the issue of a TRI certification.		
Complete Appendix 5, 6, 7 if applicable		
The ATO confirms that the candidate has been t assures the level of proficiency required.	rained according to the appr	roved syllabus for the TRI (MPA), and
Signature of HT:	Date of Si	gnature
Name of HT:	Licence	e number:



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Appendix 2
TRI (A) MPA - Revalidation

Applicant's Full Name and Licence No:	

To be completed by the app	<u>licant</u>
Aeroplane Type :	
For revalidation of a TRI(A) certificate the expiry date of the certificate:	cate, the holder shall fulfil 2 of the following 3 requirements within the last 12 months preceding
☐ Conducted two (2) of the following the 12 months preceding the expired the 12 months preceding the 12 months pr	lowing parts of a complete type rating course or recurrent training course within ry date of the TRI(A) certificate
FSTD Session Hours:	Minimum 3 hours Completed on Date:
Or	
One air exercise of	Minimum 1 hour comprising of a minimum of 2 take-offs and Landings
Completed on Date:	
Declaration by Head of Training	1
I hereby declare that	completed the □FSTD session / □air exercise as
stated above at this ATO / AOC	
Name of ATO / AOC	ATO / AOC certificate no
Name of Head of training	
Signature of HT:	Date of Signature:
☐ Refresher Training Received Instructor refresher train	ning as a TRI at an ATO, within the 12 months preceding the expiry date of the TRI
certificate on Date	(Certificate required)
☐ Assessment of Competence	see Note
Passed within the 12 months pred	ceding the expiry date of the TRI(A) certificate an assessment of competence as a
TRI(A) on Date :	with(Name of TRE)
	(attach form TM/CAD/0179)
Note:	
	nate subsequent revalidation in the case of TRI(A) the holder shall have to pass an ce in accordance with FCL.935.
shall revalidate the TRI ce	ertificate on more than one type of aeroplane the assessment of competence on one type ertificate for the other types of aeroplanes. ssment of competence above is not ticked.
Date of last assessment of compe	etence as TRI(A) :
Signature of Applicant:	Date of Signature:



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Applicant's Full Name and Licence No:

Appendix 3

TRI (A) MPA - Renewal

Renewal - To be completed by the Applicant	
Aeroplane Type :	
Completed in the last 12 months preceding the application	route sectors (<i>Minimum 30 route</i>
sectors), including take-offs and landings on the applicable as	eroplane type above of which
route sectors (Maximum 15 route sectors) were completed in	an FFS representing the type.
☐ Refresher Training	
Received Instructor refresher training as a TRI at an ATO whi	ich shall cover the relevant elements of the TRI training
course, within the 12 months preceding the expiry date of the	TRI certificate on Date
(Certificate required)	
☐ Assessment of Competence	
Passed within the 12 months preceding the date of application	n, an assessment of competence as a
TRI(A) on Date:with (Name of	TRE)(attach form TM/CAD/0179)
	(4.143
O' Good of Assolitation	D. (Commentum)
Signature of Applicant:	_ Date of Signature:



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Applicant's Full Name and Licence No:

Appendix 4

TRI (A) MPA - Extension to further Variants

To be completed by the Applicant		
New Aeroplane Type:		
Completed in the last 12 months preceding	the application	route sectors (Minimum 15 route
sectors), including take-offs and landings or	n the relevant type of which_	route sectors
(Maximum 7 route sectors) were completed	d in an FSTD representing th	ne type.
Passed within the 12 months preceding	the expiry date of the TF	RI(A) certificate an assessment of
competence as a TRI(A) on Date:		with
. ,		
(Name of TRE)		(attach form TM/CAD 0179)
Signature of Applicant:	Date of Signatu	re:
To be completed by ATO and signed by Head		
The ATO confirms that the candidate has be (MPA) and assures the level of proficiency is		approved syllabus for the TRI
Training conducted in: □ FSTD only	☐ Aeroplane only	☐ FSTD and Aeroplane
ATO Name:	Certificate	number:
Name of HT:		
Location & date:		
Type of Aeroplane:		
Technical training hours :		(As per OSD)
Elight instruction on the appropriate ESTD L	Jours:	(0)
Flight instruction on the appropriate FSTD F		
Flight instruction on the aeroplane Hours: _		(b) (As per OSD)
Training Start Date :	Training Completion Γ	Date:
Signature of HT:	Date of Sign:	ature



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Applicant's Full Name and Licence No:

Appendix 5

TRI (A) MPA - LIFUS Supervision Report

FSTD Training- To be completed by the Instructor providing the training			
Training Session support for TRI(A) to conduc	t LIFUS conducted on FSTD type		
and FSTD IDc	on date : duration of		
Instructor Name :	Instructor Licence number		
Signature of Instructor:	Date of Signature:		
Aircraft Training- To be completed by the Instru	ctor providing the training		
Training Session support for TRI(A) to conduc	t LIFUS conducted on aeroplane registration number		
on date :	duration of		
Instructor Name :	Instructor Licence number		
•	Date of Signature:		
Supervision Report- To be completed by the TR	I(A) notified by the ATO		
	I(A) notified by the ATO ng organisation hereby certify that the applicant has		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my	I(A) notified by the ATO ng organisation hereby certify that the applicant has		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my	I(A) notified by the ATO ng organisation hereby certify that the applicant has supervision and to my satisfaction.		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my ATO nominating the notified TRI(A): Name of TRI(A) notified by the ATO	ng organisation hereby certify that the applicant has supervision and to my satisfaction.		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my	I(A) notified by the ATO ng organisation hereby certify that the applicant has supervision and to my satisfaction.		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my ATO nominating the notified TRI(A): Name of TRI(A) notified by the ATO	I(A) notified by the ATO ng organisation hereby certify that the applicant has supervision and to my satisfaction.		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my ATO nominating the notified TRI(A): Name of TRI(A) notified by the ATO Licence number Confirmation of above by HT I confirm the above	I(A) notified by the ATO ng organisation hereby certify that the applicant has a supervision and to my satisfaction.		
I being a TRI (A) notified by the training conducted a LIFUS training flight under my ATO nominating the notified TRI(A): Name of TRI(A) notified by the ATO Licence number Confirmation of above by HT I confirm the above	ng organisation hereby certify that the applicant has supervision and to my satisfaction.		

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Appendix 6

TRI (A) MPA - Extension to conduct Landings Training in aircraft (no abnormal / emergency procedures)

Applicant's Full Name and Licence No:

To be completed by the Applicant	
Aeroplane Type :	
I completed the training as a TRI(A) to conduct ae	roplane landings(no abnormal/emergency procedures)
with(Name of ATO)	on Date :
Assessment of Competence completed on the aer	roplane on Date :with
(Name of TRE)	
	(attach form TM/CAD 0179)
Signature of Applicant:	Date of Signature:
To be completed by the ATO	
ATO Name:	Certificate number:
Name of HT	
	ning in the aeroplane to conduct take-offs and landings
Technical training hours :	
Flight instruction on the appropriate FSTD Hours:	FSTD ID
Flight instruction on the aeroplane Hours:	
Training Start Date :	_ Training Completion Date:
Signature of HT	Date of Signature

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Appendix 7

TRI (A) MPA - Extension to conduct abnormal / emergency procedures Training in aeroplane

Applicant's Full Name and Licence No:

To be completed by the Applicant	
Aeroplane Type :	
I completed the training as a TRI in the aeroplan	ne which included training to conduct abnormal /emergency
procedures with (Name of ATO)	on Date
Assessment of Competence completed on the a	aeroplane on Date:with
(Name of TRE)	
	(attach form TM/CAD 0179)
Signature of Applicant:	Date of Signature:
To be completed by the ATO	
ATO Name:	Certificate number:
Name of HT	
Aeroplane Type :	
The applicant completed training as a TRI in the /emergency procedures: (Certificate required)	e aeroplane which included training to conduct abnormal
Technical training hours :	
Flight instruction on the appropriate FSTD Hours	s:FSTD ID
Flight instruction on the aeroplane Hours:	
Training Start Date :	Training Completion Date:
Signature of HT	Date of Signature



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Applicant's Full Name and Licence No:

Appendix 8

TRI (MPA) - Application to instruct on the MPL Course

To be completed by the Applicant		
Aeroplane Type :		
I have completed an MPL instructor training cours	se with (Name of ATO)	
	,	
on Date((Copy of MPL instructor qualification certificate required)	
☐ For MPL Basic Phase		
I ☐ hold or ☐ have held an FI(A)) Certificate	
I ☐ hold or ☐ have held an IRI(A) Certificate		
Note: Applicant must hold or have held an FI(A) or I	RI(A) certificate.	
Signature of Applicant:	Date of Signature:	
To be completed by ATO and signed by Head of train	ining	
ATO Name:	Certificate number:	
Name of HT:	Licence number:	
Location & date:		
	raining Completion Date:	
I certify that the applicant successfully completed including the assessment.	on MPL training course in accordance with FCL.925	
Signature of HT	Date of Signature	



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TRI (MPA) Certificate First Issue Submission Instructions	Office Use Only
Documents required:	Oilly
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]	①
2. A copy of the Licence held	2
3. Log Book – All flight instruction must be signed by the instructor	3
4. Copy of Instructor Certificate if credit is given - if applicable	4
5. Copy of Medical Certificate.	(S)
6. Copy of ATO Approval Certificate if not issued by Transport Malta	
7. Assessment of Competence Form TM/CAD/0179	6
8. Copy of SFI certificate if credit is given - if applicable	Ø 8
 TRI Course Completion Certificate showing FSTD and aeroplane time as applicable 	9
 Certificate of training completed for TRI revalidation or renewal showing FSTD and aeroplane time as applicable. 	100
11. Copy of Examiner Certificate if not issued by Transport Malta	11)
12. Copy of the FSTD Approval	12
13. Copy of MPL Instructor Qualification Certificate	13
14. Copy of FI(A) certificate and/or IRI(A) certificate - if applicable	14)

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

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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 Order / Scheme of Charges 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 to the attention of Personnel Licensing Section, Transport Malta Civil Aviation Directorate - giving your contact telephone number.

Send completed form to:

Transport Malta - CAD, Personnel Licensing Section, Pantar Road Lija, LJA 2021, Malta

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tm Transport 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. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). 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. 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.

Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 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

8. Contacting us

8.1. Please address any questions, comments and requests regarding the application process to cadpel.tm@transport.gov.mt.