

# Application form for SFI (MPA) Certificate



issued under the Commission Regulation (EU) No 1178/2011 as amended

## 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 (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:

## SFI (MPA)

### To be completed by the applicant

Application for:

Initial SFI (MPA) Certificate  
Certificate (Appendix 1)

Revalidation of SFI (MPA) Certificate  
(Appendix 2)

Renewal of SFI (MPA)  
(Appendix 3)

Extension to a further Type. Aeroplane type: \_\_\_\_\_  
(Appendix 4)

Extension to instruct for the MPL course  
(Appendix 5)

To instruct for the revalidation and renewal of an IR

and I  hold or  have held an IR in the relevant aircraft category and  I have completed an IRI training course  
IR Valid until Date: \_\_\_\_\_ (Certification required)

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

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

Place and Country of Birth \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Class of Medical Certificate (if held): \_\_\_\_\_ Valid till Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hold or have held a Licence:  CPL(A)  MPL  ATPL(A)

Type Rating (if held) : \_\_\_\_\_ Valid till \_\_\_\_\_

SFI (MPA) Certificate Valid until \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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# Appendix 1

PART 1 OF 2

Licence Type /No:

## SFI (MPA) - First Issue Application Form

**To be completed by the applicant**

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

SFI (A) requested on the following type: \_\_\_\_\_

1)  I hold or  have held a Licence: CPL(A) MPL ATPL(A)

2) Proficiency check for the issue of the specific aircraft type rating in an FFS representing the applicable type, within the 12 months preceding the application completed on date: \_\_\_\_\_

3) Flight time as pilot on multi-pilot aeroplanes Hours: \_\_\_\_\_ *Minimum 1500 hours*

4a) Completed as a pilot or an observer in the last 12 months \_\_\_\_\_ *(Minimum 3) route sectors*  
*(Certification required)*

Date of Flight/s: \_\_\_\_\_ Operator \_\_\_\_\_

Sectors 1: \_\_\_\_\_ Sectors 2: \_\_\_\_\_ Sectors 3: \_\_\_\_\_

or

4b) Line-orientated flight training-based simulator sessions conducted by qualified flight crew on the flight deck of the applicable type \_\_\_\_\_ *Minimum 2*, including flights of at least 2 hours each between 2 different aerodromes, and the associated pre-flight planning and de-briefing \_\_\_\_\_ *(Minimum 2)*

Aeroplane Type: \_\_\_\_\_ Simulator ID No: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of qualified crew: PIC: \_\_\_\_\_ COP: \_\_\_\_\_

Licence No: of qualified crew PIC: \_\_\_\_\_ COP: \_\_\_\_\_

Signature of qualified crew PIC: \_\_\_\_\_ COP: \_\_\_\_\_

Date: \_\_\_\_\_

2. Name of qualified crew: PIC: \_\_\_\_\_ COP: \_\_\_\_\_

Licence No: of qualified crew PIC: \_\_\_\_\_ COP: \_\_\_\_\_

Signature of qualified crew PIC: \_\_\_\_\_ COP: \_\_\_\_\_

5) Assessment of Competence completed on date: \_\_\_\_\_ as a SFI (MPA)  
*(attach form TM/CAD/0179)*

Signature of applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

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# Appendix 1

## PART 2 OF 2

### SFI (MPA) - First Issue Application Form

Applicant's Full Name and Licence No: \_\_\_\_\_

**To be completed by ATO and signed by Head of training**

ATO Name: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Type of Aeroplane: \_\_\_\_\_ Simulator ID No: \_\_\_\_\_

FSTD content of the applicable type rating course hours: \_\_\_\_\_

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

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

Technical training hours: \_\_\_\_\_ *Minimum 10 hours*

Technical training course completed on date: \_\_\_\_\_

Flight instruction on the appropriate Simulator Hours: \_\_\_\_\_ *Minimum 10 hours*

Flight instruction on the appropriate Simulator completed on date: \_\_\_\_\_

\*Other instruction certificate held (*if applicable*): \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

Credit (if applicable):

- i. An applicant for an SFI certificate who holds a TRI certificate for the relevant type shall be fully credited towards the requirements.
- ii. Applicants holding or having held an instructor certificate shall be fully credited towards the requirement for the teaching and learning part.

The ATO confirms that the candidate has been trained according to the approved syllabus for the SFI (MPA), and assures the level of proficiency required.

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

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

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# Appendix 2

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

## SFI (MPA) – Revalidation

**To be completed by the applicant**

Type of Aeroplane: \_\_\_\_\_ Simulator ID No: \_\_\_\_\_

**For revalidation** of an SFI(A) certificate the applicant shall, within the validity period of the SFI certificate, fulfil 2 of the following 3 requirements:

1)  **I completed as an instructor or an examiner in FSTDs** Hours \_\_\_\_\_ *Minimum 50 hours*, of which within the 12 months preceding the expiry date of the SFI certificate Hours: \_\_\_\_\_ *Minimum 15 hours*

2)  **Refresher Training**

I completed Instructor refresher training as a SFI at an ATO, within the 12 months preceding the expiry date of the SFI certificate on Date: \_\_\_\_\_ *(Certificate required)*

**Declaration by Head of Training**

I hereby declare that \_\_\_\_\_ completed refresher training as an SFI consisting of Technical Training Hours: \_\_\_\_\_ and Flight Instruction Hours: \_\_\_\_\_

Name of ATO \_\_\_\_\_ ATO certificate no \_\_\_\_\_

Type of Aeroplane: \_\_\_\_\_ Simulator ID No: \_\_\_\_\_

Name of Head of training \_\_\_\_\_

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

3)  **Assessment of Competence see Note**

Passed within the 12 months preceding the expiry date of the SFI(A) certificate an assessment of competence as a SFI(A) on Date : \_\_\_\_\_ with (Name of SFE/TRE) \_\_\_\_\_ *(attach form TM/CAD 0179)*

**Additionally for revalidation:** the applicant shall have completed, on an FFS, the proficiency checks for the issue of the specific aircraft type ratings representing the types for which privileges are held.

Proficiency Check/s completed on: \_\_\_\_\_ On Type/s: \_\_\_\_\_

Valid until: \_\_\_\_\_

**Note:**

*For the at least each alternate revalidation in the case of SFI(A) the holder shall have to pass an assessment of competence in accordance with FCL.935.*

Complete if requirement for assessment of competence above is not ticked.

Date of last assessment of competence as SFI(A) : \_\_\_\_\_

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

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Appendix 3

SFI (MPA) – Renewal

Applicant's Full Name and Licence No:

Renewal - To be completed by the Applicant

All three (3) below must be completed in the last 12 months preceding the application:

1) Refresher Training

I hereby declare that \_\_\_\_\_ completed refresher training as an SFI, consisting of Technical Training Hours: \_\_\_\_\_ and Flight Instruction Hours: \_\_\_\_\_ on type: \_\_\_\_\_ using Simulator ID No.: \_\_\_\_\_ on Date: \_\_\_\_\_ (Certificate required)

Name of ATO \_\_\_\_\_ ATO certificate no \_\_\_\_\_

Name of Head of training \_\_\_\_\_

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

2) Assessment of Competence

Passed within the 12 months preceding the expiry date of the SFI(A) certificate an assessment of competence as a SFI(A) on Date : \_\_\_\_\_ with(Name of SFE/TRE) \_\_\_\_\_ (attach form TM/CAD/0179)

3) Skill Test

Completed the skill test for the issue of the aircraft type rating/s representing the types for which privileges are to be renewed type: \_\_\_\_\_ using Simulator ID No. \_\_\_\_\_ on Date: \_\_\_\_\_ (copy of endorsed licence required)

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

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Appendix 4

SFI (MPA) – Extension to further Types

Applicant's Full Name and Licence No:

To be completed by the Head of Training

New Aeroplane Type: \_\_\_\_\_

1) Simulator content of the relevant type rating course.

I hereby declare that \_\_\_\_\_ completed the simulator content of the \_\_\_\_\_ type rating course, consisting Hours: \_\_\_\_\_ of flight instruction using Simulator ID No. \_\_\_\_\_.

2) Technical training and the FSTD content of the relevant type rating course.

I hereby declare that \_\_\_\_\_ completed the technical training and the FSTD content of the \_\_\_\_\_ type rating course, consisting Hours: \_\_\_\_\_ of flight instruction using Simulator ID No. \_\_\_\_\_.

3) Flight instruction on a complete type rating course

I hereby declare that \_\_\_\_\_ conducted on a complete type rating course Hours: \_\_\_\_\_ (Minimum 3 hours) of flight instruction related to the duties of an SFI on the type \_\_\_\_\_ on Simulator ID No: \_\_\_\_\_ under the supervision and to the satisfaction of a TRE(A). On Date: \_\_\_\_\_.

TRE/SFE Name: \_\_\_\_\_

TRE/SFE Licence No: \_\_\_\_\_ Signature of TRE/SFE: \_\_\_\_\_

Name of ATO \_\_\_\_\_ ATO certificate no \_\_\_\_\_

Name of Head of training \_\_\_\_\_

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

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# Appendix 5

## SFI (MPA) – Extension to instruct for the MPL course

Applicant's Full Name and Licence No:

**To be completed by the Applicant**

1)  I have successfully completed an MPL instructor training course at an ATO (Certification required); and

In addition, for the basic, intermediate and advanced phases of the MPL integrated training course

2)  Flight experience in multi-pilot operations Hours: \_\_\_\_\_ (logbook required);

3)  I have completed initial crew resource management training with a commercial air transport operator approved in accordance with the applicable air operations requirements (Certification required).

In addition, for the basic MPL integrated training course

4)  I hold or  have held an FI(A) or an IRI(A) Certificate

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

**To be completed by the Head of Training**

The applicant \_\_\_\_\_ has completed on date: \_\_\_\_\_ an:

**MPL instructors training course**

1)  MPL instructor training Hours: \_\_\_\_\_ *Minimum 14 hours.*

2) Assessment of Instructor Competencies and of knowledge of the competency-based approach to training completed on date: \_\_\_\_\_ which included a practical demonstration of flight instruction in the

basic,  intermediate and/or  advance phase/s of the MPL training course.

Examiner Name: \_\_\_\_\_

Examiner Licence No: \_\_\_\_\_ Examiner Type  TRE  SFE

Signature of Examiner: \_\_\_\_\_

**Note: the examiner must be qualified to provide flight instruction for the appropriate phase/s of the MPL training course in which the assessment was given.**

Name of ATO \_\_\_\_\_ ATO certificate no: \_\_\_\_\_

Name of Head of training \_\_\_\_\_

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

## Civil Aviation Directorate

## SFI (MPA) 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. Log Book – All flight instruction must be signed by the instructor
4. Copy of Instructor Certificate if credit is given - *if applicable*
5. Copy of Medical Certificate – *if held*
6. Copy of ATO Approval Certificate if not issued by Transport Malta
7. SFI Assessment of Competence Form TM/CAD/0179
8. Copy of other instructor certificate/s if credit is given - *if applicable*
9. SFI Course Completion Certificate showing simulator time as applicable
10. Certificate of training completed for SFI revalidation or renewal showing simulator time as applicable.
11. Copy of Examiner Certificate if not issued by Transport Malta
12. Copy of the Simulator Approval
13. Copy of last Proficiency Check
14. Copy of initial crew resource management training with a commercial air transport operator

Office  
Use  
Only

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**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](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 - CAD, 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. 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](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 (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](mailto:dataprotection.tm@transport.gov.mt)

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### 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)