

Application form for TRI (SPA) Certificate First Issue

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 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.

To be completed by the applicant

TRI (SPA)

Licence Type /No:

To be completed by the applicant

Application for:

Initial TRI(A) SPA Certificate Revalidation of TRI(A) SPA Certificate Renewal of TRI(A) SPA Certificate
(Appendix 1) (Appendix 2) (Appendix 3)

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

Extension to conduct Landings Training in the aeroplane with no abnormal / emergency procedures (Appendix 5)

Extension to conduct abnormal / emergency procedures Training in the aeroplane (Appendix 6)

Extension to instruct for the MPL course (Appendix 7)

Extension to conduct flight instruction in single-pilot high performance complex aeroplanes in multi-pilot operations, and I hold a MCCI and/or I hold or have held TRI (MPA) Certificate valid until _____
(Certification/s 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 held: _____ Valid till Date: _____ / _____ / _____

Licence held: CPL(A) MPL ATPL(A)

Type Rating: _____ Valid until: _____

TRI (SPA) Certificate Valid until: _____ / _____ / _____

Signature of Applicant: _____ Date of Signature: _____

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Appendix 1

PART 1 OF 2

TRI (SPA) - First Issue 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: _____

email: _____

Address: _____

Telephone Number (Home): _____ (Mobile) _____

TRI (A) requested on the following type: _____

Type rating valid until date: _____

Type of licence held: CPL(A) MPL ATPL(A)

Completed in the last 12 months _____ (*Minimum 30*) route sectors, including take-offs and landings, as PIC on the type above of which _____ (*Maximum 15*) route sectors were completed in an FSTD representing the type.

Flight time as pilot on aeroplanes Hours: _____ *Minimum 500 hours*
including PIC hours on the applicable type of aeroplanes _____ *Minimum 30 hours*
or

Hold or have held an FI certificate for multi-engine aeroplanes with IR(A) privileges, valid until:

Assessment of Competence completed on date: _____ as a TRI (SPA)
on aircraft FSTD* (*attach form TM/CAD/0179*)

**TRI restricted to FSTDs only*

Signature of applicant: _____ Date of Signature: _____

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Appendix 1

PART 2 OF 2

TRI (SPA) - First Issue Application Form

Applicant's Full Name and Licence No:

To be completed by ATO and signed by Head of training

Training conducted in: FSTD only Aeroplane only FSTD and Aeroplane

 SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT: _____

Location & date: _____

Type of Aeroplane: _____

Teaching & learning hours: _____ *Minimum 25 hours*

Teaching & learning course completed on date: _____ *or tick if credited.*

Technical training hours : _____ *Minimum 10 hours*

Flight instruction on the appropriate FSTD Hours: _____ (a)

Flight instruction on the aeroplane Hours: _____ (b)
(a+b =Minimum 5 hours)

Course Start Date: _____ Course Completion Date: _____

Credit (if applicable)

(i)Applicants holding or having held an instructor certificate shall fully be credited towards the requirement for the teaching and learning part.

(ii)Applicants holding an SFI certificate for the relevant type shall be fully credited towards the requirements of the above requirements for the issue of a TRI certificate restricted to flight instruction in FSTDs.

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

Signature of HT: _____ Date of Signature: _____

Name of HT: _____ Licence number: _____

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Appendix 2

TRI (A) SPA - Revalidation

Applicant's Full Name and Licence No:

To be completed by the applicant

Aeroplane Type : _____

For revalidation of a TRI(A) certificate, the holder shall fulfil 2 of the following 3 requirements:

Conducted two (2) of the following parts of a complete type rating course or recurrent training course within the 12 months preceding the expiry 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

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 training 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 preceding 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:

For the at least each alternate subsequent revalidation in the case of TRI(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 TRI(A) : _____

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Signature of Applicant: _____ Date of Signature: _____

Appendix 3

TRI (A) SPA - Renewal

Applicant's Full Name and Licence No:

Renewal - To be completed by the Applicant

Aeroplane Type: _____

Completed in the last 12 months preceding the application _____ route sectors (*Minimum 30 route sectors*), including take-offs and landings on the applicable aeroplane type above of which _____ route sectors (*Maximum 15 route sectors*) were completed in an FFS representing the type.

Signature of Applicant: _____ Date of Signature: _____

Refresher Training

Received Instructor refresher training as a TRI at an ATO which 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*)

Signature of Applicant: _____ Date of Signature: _____

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Appendix 4

TRI (A) SPA - Extension to further Types

Applicant's Full Name and Licence No:

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 on the relevant type of which _____ route sectors (*Maximum 7 route sectors*) were completed in an FSS representing the type.

Passed within the 12 months preceding 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)

Signature of Applicant: _____ Date of Signature: _____

To be completed by ATO and signed by Head of training

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

Training conducted in: FSTD only Aeroplane only FSTD and Aeroplane
 SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT: _____

Location & date: _____

Type of Aeroplane: _____

Technical training hours: _____ *Minimum 10 hours*

Flight instruction on the appropriate FSTD Hours: _____ (a)

Flight instruction on the aeroplane Hours: _____ (b)
(a+b =Minimum 5 hours)

Training Start Date : _____ Training Completion Date: _____

Signature of HT: _____ Date of Signature: _____

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Appendix 5

TRI (A) SPA - 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 aeroplane landings (no abnormal/emergency procedures) with (Name of ATO) _____ on Date : _____

Assessment of Competence completed on the aeroplane on Date: _____ with (Name of TRE) _____
(attach form TM/CAD 0179)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT _____

Aeroplane Type : _____

The applicant completed the training including training in the aeroplane to conduct take-offs and landings only, no abnormal /emergency procedures. *(Certificate required)*

Technical training hours: _____

Flight instruction on the appropriate FSTD Hours: _____ FSTD ID: _____

Flight instruction on the aeroplane Hours: _____ Aeroplane Registration: _____

Training Start Date: _____ Training Completion Date: _____

Signature of HT: _____ Date of Signature: _____

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Appendix 6

TRI (A) SPA - 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 aeroplane which included training to conduct abnormal /emergency procedures with (Name of ATO) _____ on Date _____

Assessment of Competence completed on the aeroplane on Date : _____ with
(Name of TRE) _____
(attach form TM/CAD 0179)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT _____

Aeroplane Type : _____

The applicant completed training as a TRI in the aeroplane which included training to conduct abnormal /emergency procedures: *(Certificate required)*

Technical training hours : _____

Flight instruction on the appropriate FSTD Hours: _____ FSTD ID _____

Flight instruction on the aeroplane Hours: _____ Aeroplane Registration: _____

Training Start Date : _____ Training Completion Date: _____

Signature of HT _____ Date of Signature _____

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Appendix 7

TRI (SPA) – Extension to instruct for the MPL course

Applicant's Full Name and Licence No:

<p><u>To be completed by the Applicant</u></p> <p><u>To instruct for the basic phase of the MPL integrated training course</u></p> <p>1) <input type="checkbox"/> I have successfully completed an MPL instructor training course at an ATO (Certification required); and</p> <p>2) <input type="checkbox"/> Flight experience in multi-pilot operations Hours: _____ (logbook required);</p> <p>3) <input type="checkbox"/> My TRI (SPA) privileges have been extended to instruct in multi-pilot operations</p> <p>4) <input type="checkbox"/> 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).</p> <p>5) <input type="checkbox"/> I hold or <input type="checkbox"/> have held an <input type="checkbox"/>FI(A) or an <input type="checkbox"/>IRI(A) Certificate</p> <p>Signature of Applicant: _____ Date of Signature: _____</p>
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<p><u>To be completed by the Head of Training</u></p> <p>The applicant _____ has completed on date: _____ an:</p> <p>MPL instructors training course</p> <p>1) <input type="checkbox"/> MPL instructor training Hours: _____ <i>Minimum 14 hours.</i></p> <p>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 phase of the MPL training course.</p> <p>Examiner Name: _____</p> <p>Examiner Licence No: _____ Examiner Type <input type="checkbox"/> TRE <input type="checkbox"/> SFE</p> <p>Signature of Examiner: _____</p> <p>Note: the examiner must be qualified to provide flight instruction for the basic phase of the MPL training course</p> <p>Name of ATO _____ ATO certificate no _____</p> <p>Name of Head of training _____</p> <p>Signature of HT: _____ Date of Signature: _____</p>

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TRI (SPA) Certificate First Issue

Submission Instructions

Office
Use
Only

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.
6. Copy of ATO Approval Certificate if not issued by Transport Malta
7. Assessment of Competence Form TM/CAD/0179
8. Copy of SFI certificate if credit is given - *if applicable*
9. TRI Course Completion Certificate showing FSTD and aeroplane time as applicable
10. Certificate of training completed for TRI revalidation or renewal showing FSTD and aeroplane time as applicable.
11. Copy of Examiner Certificate if not issued by Transport Malta
12. Copy of the FSTD Approval

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

Transport Malta – Civil Aviation Directorate Bank Details:

Bank Name: Bank of Valletta
Bank Branch: Naxxar
Bank Address: 38, Triq ta-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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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.

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

8. Contacting us

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