

Application form for SFI (H) 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 5665 Fax:+356 2555 5634 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.

SFI (H)

Licence Type /No:

To be completed by the applicant

Application:

- Initial SFI (H) Certificate (Appendix 1) Revalidation of SFI (H) Certificate (Appendix 2) Renewal of SFI (H) Certificate (Appendix 3)

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

To instruct for the issue, 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(H) ATPL(H)

Type Rating (if held): _____ Valid till: _____

SFI(H) Certificate Valid until ____/____/____

Signature of Applicant: _____ Date of Signature: _____

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Appendix 1

PART 1 OF 2

Licence Type /No:

SFI (H) - First Issue Application Form

To be completed by the applicant

Last and First Name: _____

SFI(H) requested on the following type: _____

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

2) Proficiency check for the issue of the helicopter type: _____ in an FFS representing the type, within the 12 months preceding the application completed on date: _____

3) Completed as a pilot or an observer on the flight deck of the type above in the last 12 months preceding the application Flight Time Hours _____ *Minimum 1 hour*

Multi-pilot helicopters

4a) Flight time as pilot on helicopters Hours: _____ *Minimum 1000 hours*

Including flight time as pilot on multi-pilot helicopters Hours: _____ *Minimum 350 hours*

Single-pilot Multi-engine helicopters

4b) Flight time as pilot on helicopters Hours: _____ *Minimum 500 hours*

Including flight time as PIC on single-pilot multi-engine helicopters Hours: _____ *Minimum 100 hours*

Single-pilot Single-engine helicopters

4c) Flight time as pilot on helicopters Hours: _____ *Minimum 250 hours*

5) Assessment of Competence completed on date: _____ as a SFI (H)
(attach form TM/CAD 278)

Signature of applicant: _____ Date of Signature: _____

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Appendix 1

PART 2 OF 2

Applicant's Full Name and Licence No:

SFI (H) - First Issue Application Form

To be completed by ATO and signed by Head of training

ATO Name: _____ Certificate number: _____

Type of Helicopter: _____ Simulator ID No: _____

FSTD content of the applicable type rating course hours: _____ completed on: _____

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 representing above type Hours: _____ *Minimum 10 hours*

Flight instruction on the appropriate Simulator representing above type 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 (H), 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 (H) – Revalidation

To be completed by the applicant

Type of Helicopter: _____ Simulator ID No: _____

For revalidation of an SFI(H) 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 received 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 _____ received refresher training as an SFI

consisting of Technical Training Hours: _____ and Flight Instruction Hours: _____

Name of ATO _____ ATO certificate no _____

Type of Helicopter: _____ 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(H) certificate an assessment of competence as a SFI(H) on Date : _____ with (Name of SFE/TRE) _____

(attach form TM/CAD 278)

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(H) 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(H) : _____

Signature of Applicant: _____ Date of Signature: _____

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Appendix 3

Applicant's Full Name and Licence No:

SFI (H) – Renewal

Renewal - To be completed by the Applicant

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

1) Simulator content of the SFI training course.

I hereby declare that I, _____ completed the simulator content of the SFI training course, consisting of flight instruction on type: _____ using Simulator ID No. _____ for Hours: _____ on Date: _____.

2) Refresher Training

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

3) Assessment of Competence

Passed within the 12 months preceding the expiry date of the SFI(H) certificate an assessment of competence as a SFI(H) on Date : _____ with (Name of SFE/TRE) _____
(attach form TM/CAD 278)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

Training conducted in: Helicopter Type: _____ Simulator ID No.: _____

ATO Name: _____ Certificate number: _____

Name of Head of training _____

The applicant completed the relevant parts of a SFI course: (Certificate required)

Flight instruction on the appropriate Simulator Hours: _____

The applicant completed refresher training: (Certificate required)

Technical training hours: _____

Flight instruction on the appropriate Simulator Hours: _____

Signature of HT: _____ Date of Signature: _____

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Appendix 4

Applicant's Full Name and Licence No:

SFI (H) – Extension to further Types

To be completed by the Head of Training

New Helicopter 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) 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(H). On Date: _____.

Supervising TRE Name: _____

Supervising TRE Licence No: _____ Signature of Supervising TRI/TRE: _____

Name of ATO _____ ATO certificate no _____

Name of Head of training _____

Signature of HT: _____ Date of Signature: _____

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SFI (H) 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/278
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

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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 civil.aviation@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 civil.aviation@transport.gov.mt