

Application form for STI (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 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 Pantar Road, Lija LJA 2021 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.

STI (H)

Licence Type /No:

To be completed by the applicant

Application for:

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

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

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: PPL(H) CPL(H) ATPL(H)

with instructor privileges FI IRI CRI TRI

Type Rating: _____ Valid till: _____

STI(H) Certificate Valid until: ____/____/____

Signature of Applicant: _____ Date of Signature: _____

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Appendix 1

STI (H) – First Issue Application Form

Licence Type /No:

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: PPL(H) CPL(H) ATPL(H)

2) Proficiency check for the issue of the Helicopter type: _____ in a FSTD representing the type, within the 12 months preceding the application completed on date: _____

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

Signature of applicant: _____ Date of Signature: _____

To be completed by Applicant and signed by examiner and applicant

Type of Helicopter: _____ FSTD ID No: _____

1) Flight instruction under supervision of an FIE related to the duties of an STI in an FFS FTD 2/3 or FNPT II/III Hours: _____ (*Minimum 3 hours*)

2) Simulator content of the relevant TRI course.

I hereby declare that I completed the simulator content of the TRI on type _____, consisting of

Hours: _____ (*Minimum 5 hours*) of flight instruction on a single-pilot aircraft, using

Simulator ID No. _____.

3) Assessment of Competence

Passed within the 12 months preceding the expiry date of the STI(H) certificate an assessment of competence as a STI(H) on Date : _____ with (Name of FIE) _____

(attach form TM/CAD xxx)

Signature of FIE: _____ Date of Signature: _____

Name of FIE: _____ Licence number: _____

Signature of applicant: _____ Date of Signature: _____

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Appendix 2

Applicant's Full Name and Licence No:

STI (H) – Revalidation

Revalidation - To be completed by the applicant

Type of Helicopter: _____ Simulator ID No: _____

Both (2) below must be completed in the last 12 months preceding the application:

1) I completed as an instructor as part of a complete CPL, IR, PPL or type rating course:

In an FFS or FNPT II/III or BITD Hours _____ *Minimum 3 hours*, within the 12 months preceding the expiry date of the STI certificate on Date: _____ *(Certificate required)*

2) Proficiency Check:

I passed in an FFS, FTD 2/3 or FNPT II/III on which flight instruction is conducted on Date: _____, the applicable sections of the proficiency check in accordance with Appendix 9 to Part-FCL for the type of aircraft above, within the 12 months preceding the expiry date of the STI certificate. *(Certificate required)*

Signature of Applicant: _____ Date of Signature: _____

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Appendix 3

Applicant's Full Name and Licence No:

STI (H) – Renewal

Renewal - To be completed by the Applicant

Type of Helicopter: _____ Simulator ID No: _____

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

1) Refresher Training

I hereby declare that I, _____ received refresher training as an STI, consisting of

Technical Training Hours: _____ and Flight Instruction Hours: _____ on type: _____

using Simulator ID No.: _____ on Date: _____ (Certificate required)

2) Proficiency Check:

I passed in an FFS, FTD 2/3 or FNPT II/III on which flight instruction is conducted, the applicable sections of the proficiency check in accordance with Appendix 9 to Part-FCL for the class or type of aircraft above, within the 12 months preceding the expiry date of the STI certificate on Date: _____ (Certificate required)

Note: For an STI(H) instructing on BITDs only, the proficiency check shall include only the exercises appropriate for a skill test for the issue of a PPL(H) only.

3) I completed as an instructor as part of a complete CPL, IR, PPL or class or type rating course:

I hereby declare that I, _____ conducted flight instruction on a complete

CPL, IR, PPL or class/ type rating course type: _____ under the supervision

of an FI, CRI(H), IRI or TRI(H) nominated by the ATO for this purpose, using Simulator ID No.

_____ for Hours: _____ (Minimum 3 Hours), including flight instruction hours under the supervision of an FIE(H) for Hours: _____ (Minimum 1 Hour) on Date: _____.

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 as an instructor as part of a complete CPL, IR, PPL or class/ type rating course:

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FI/ CRI(H)/ IRI/ TRI(H)* nominated by the ATO for this purpose.

* delete as applicable

Name of Instructor: _____ Licence number of Instructor: _____

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FIE nominated by the ATO for this purpose.

Name of FIE: _____ Licence number FIE: _____

Signature of HT: _____ Date of Signature: _____

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Appendix 4

STI (H) – Extension to other FSTDs

Applicant's Full Name and Licence No:

To be completed by the Applicant

New Helicopter Type: _____

1) Simulator content of the relevant TRI course.

I hereby declare that I completed the FFS content of the TRI course on type _____, consisting of
Hours: _____ (Minimum 5 hours) of flight instruction on a single-pilot aircraft, using FSTD
ID No. _____.

2) Proficiency Check:

I passed in an FFS on type: _____ the applicable sections of the proficiency check in accordance with
Appendix 9 to Part-FCL for the class/type of aircraft above, within the 12 months preceding the application date for the
STI certificate on Date: _____ (Certificate required)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

3) Flight instruction on a complete CRI, IR, PPL or a class or type rating course

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

ATO Name: _____ Certificate number: _____

Name of Head of training _____

The applicant completed as an instructor as part of a complete CPL, IR, PPL or class/ type rating course:

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FI/ CRI(H)/ IRI/ TRI(H)*
nominated by the ATO for this purpose.

* delete as applicable

Name of Instructor: _____ Licence number of Instructor: _____

Flight instruction on the appropriate Simulator Hours: _____ under the supervision of an FIE nominated by the ATO
for this purpose.

Name of FIE: _____ Licence number FIE: _____

Signature of HT: _____ Date of Signature: _____

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STI (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. Copy of other instructor certificate/s if credit is given - *if applicable*
8. STI Course Completion Certificate showing simulator time as applicable
9. Certificate of training completed for STI revalidation or renewal showing simulator time as applicable.
10. Copy of Examiner Certificate if not issued by Transport Malta
11. Copy of the Simulator Approval
12. Copy of last Proficiency Check

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.

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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Data Protection Privacy Notice

Transport Malta of Pantar Road, Lija LJA 2021 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