

APPLICATION FOR FLYING INSTRUCTOR RATING (MULTI PILOT)

Instructions

General

1. This application form will take approximately 10 minutes to complete. Incomplete applications will not be processed.
2. The completed form is to be submitted to:
*My PEL Hub, Safety Policy and Planning Division, Civil Aviation Authority of Singapore,
South Finger Pier Level 3, #038-035, Singapore Changi Airport Terminal 2, Singapore 819643*

Collection

3. Assessment of the application will take approximately 7 working days from the date of submission. You will be notified via SMS when the licence is ready for collection.

Supporting Documents

	For CAAS Use
For Initial Issue or Lapsed FI Rating (> 2 years)	
A copy of a valid ATPL and its associated ratings	
Flying Instructor Course Training Records	
Summary of Flying Hours and Sectors supported and certified by the company, which shows 500 PIC hours and completion of 25 PIC sectors on the aircraft type	
For Renewal or Lapsed FI Rating (≤ 2 years)	
A copy of a valid ATPL and its associated ratings	
A copy of existing Flying Instructor Rating	
For Change of Aircraft Type	
A copy of a valid ATPL and its associated ratings	
A copy of current Flying Instructor Rating	
Flying Instructor Course Training Records	
Summary of Flying Hours and Sectors supported and certified by the company, which shows completion of 25 PIC sectors on the new aircraft type	

Part IA – Type of Application *(Please tick the appropriate box)*

I am applying for:	<input type="checkbox"/> Initial issue of FI Rating	<input type="checkbox"/> Renewal of FI Rating	<input type="checkbox"/> Change of Aircraft Type
	<input type="checkbox"/> Reactivation of Lapsed FI Rating > 2 years	<input type="checkbox"/> Reactivation of Lapsed FI Rating ≤ 2 years	

Part IB – Type of Training Authorisation *(Please tick the appropriate box)*

I am applying for:	<input type="checkbox"/> MPL Training Phase 2	<input type="checkbox"/> Aircraft Rating Training
	<input type="checkbox"/> MPL Training Phase 3	<input type="checkbox"/> Instrument Rating Training
	<input type="checkbox"/> MPL Training Phase 4	<input type="checkbox"/> Flying Instructor Rating Training

Part II – Applicant Information	
Name as in NRIC/ Passport: (please underline surname)	
Email address:	Tel (Home):
	Tel (Mobile):
Mailing address:	
Organisation:	Licence type & No:

Part III – For Initial Appointment Only		
Aircraft Type sought for Endorsement:	Hours flown as PIC on aircraft type:	No. of Sectors as PIC on aircraft type:

Part IV – For Change of Fleet Only		
Existing Aircraft Type endorsed on FI Rating:	Aircraft Type sought for Endorsement:	No. of Sectors as PIC on aircraft type:

Part V – For Renewal of Flying Instructor Rating		
Aircraft Type sought for Endorsement:	Expiry Date of FI Rating:	Date of latest FI Rating Test:

Part VI – Declaration and Consent to Disclosure and Collection of Information.

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise please check "No".

	<u>Yes</u>	<u>No</u>
1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently or have been disqualified from holding any aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently being or have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you convicted for any offence, whether or not the conviction was in a Singapore court?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please provide details:

- I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Please visit our <https://www.caas.gov.sg/privacy-statement> for further details on our privacy statement.

Signature of Applicant :

Date (dd/mm/yyyy) :

Part VII – Declaration by Head of Training in Support of Application

This is to certify that the applicant has been assessed competent to be a Flying Instructor, and where applicable, has satisfactorily completed a Flying Instructor course integrating ground and simulator training. He is appropriately qualified to carry out the privileges of the Flying Instructor Rating and is recommended to hold a Flying Instructor Rating of the applicable type.

Name:	Designation:
Signature/ Date:	Company Stamp:

* Delete where applicable

Part VIII – For Official Use

Date application received:	Received By:
Date applicant notified:	Document issued by: