

**APPLICATION FORM FOR FOREIGN TRTO
AND SIMULATOR APPROVAL**

Name of Applicant																		
Contact number of Applicant				Email address of Applicant														
Dates of intended training	FROM	d	d	m	m	y	y	y	y	UNTIL	d	d	m	m	y	y	y	y
Type of training <ul style="list-style-type: none"> • Select relevant box below • If an instrument rating will be revalidated during the type rating, select both boxes 																		
INSTRUMENT REVALIDATION									INITIAL TYPE RATING									
Indicate the full names and license numbers of the crew that will be attending training:																		
Name of crew member				License number														
Note: If an Instrument Revalidation and Type Rating is sought together only complete Section 3																		
COMPLETE THE RELEVANT SECTION BELOW																		
SECTION 1: INSTRUMENT RATING REVALIDATION																		
The following documents must accompany this application form:																		
1.	Copy of the TRTO approval certificate																	
2.	Copy of the simulator certificate																	
3.	Copy of the TRE and TRI certificates																	
SECTION 2: INSTRUMENT REVALIDATION OR TYPE RATING THAT WILL BE CONDUCTED VIA THE AUSPICES OF A SACAA ATO WITH THE USE OF A FOREIGN TRE AND TRI																		
The following documents must accompany this application:																		
1.	Copy of the simulator certificate																	
2.	TRE and TRI certificate																	
SECTION 3: INITIAL TYPE RATING																		
The following documents must accompany this application:																		
1.	Copy of the TRTO approval certificate																	
2.	Copy of the simulator certificate																	
3.	Copy of the TRE and TRI certificates																	
4.	Copy of the training syllabus																	
SIGNATURE OF APPLICANT				NAME IN BLOCK LETTERS								DATE						

SUBMIT THIS APPLICATION FORM VIA EMAIL WITH THE SUPPORTING DOCUMENTS TO THE RELEVANT DEPARTMENT FOR APPROVAL.