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or
Luftfartstilsynet
Postboks 243
8001 Bodø
NORWAY

REPORT FORM FOR ASSESSMENT OF COMPETENCE ACCORDING TO
PART FCL SUBPART J, FCL.935, FCL.920 AND AMC 1 FCL.920

Instructor assessment of competence SFI/TRI

1	Test and licence endorsement (to be completed by the examiner)																	
<table border="0"> <tr> <td>Type of AoC:</td> <td>Aeroplane:</td> <td>Helicopter:</td> </tr> <tr> <td><input type="checkbox"/> Initial issue on applicable type</td> <td><input type="checkbox"/> TRI restricted (FFS only)</td> <td><input type="checkbox"/> TRI restricted (FFS only), and/or</td> </tr> <tr> <td><input type="checkbox"/> Revalidation*</td> <td></td> <td><input type="checkbox"/> Aircraft training</td> </tr> <tr> <td><input type="checkbox"/> Renewal*</td> <td>TRI: <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO</td> <td>TRI: <input type="checkbox"/> MPH/MPO <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE</td> </tr> <tr> <td><input type="checkbox"/> Extension (new type)</td> <td>SFI: <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO</td> <td>SFI: <input type="checkbox"/> MPH/MPO <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE</td> </tr> </table>				Type of AoC:	Aeroplane:	Helicopter:	<input type="checkbox"/> Initial issue on applicable type	<input type="checkbox"/> TRI restricted (FFS only)	<input type="checkbox"/> TRI restricted (FFS only), and/or	<input type="checkbox"/> Revalidation*		<input type="checkbox"/> Aircraft training	<input type="checkbox"/> Renewal*	TRI: <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO	TRI: <input type="checkbox"/> MPH/MPO <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE	<input type="checkbox"/> Extension (new type)	SFI: <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO	SFI: <input type="checkbox"/> MPH/MPO <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE
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* Please note: Revalidation or renewal form NF-1166 (aeroplane) or NF-1168 (helicopter) must be attached.																		
Please note: For extension of privileges to include LIFUS and /or Landing Training, use form NF-1147.																		
Licence endorsement (type):		Total flight time on aircraft category:	Date of assessment:															

2	Applicant information (to be completed by applicant)		
Licence number:		Date of birth:	State of issue:
Last name:		First name(s):	
Address:		Postal code:	City:
Telephone number:		E-mail:	

3	Payment (to be completed by applicant)	
The application is subject to a charge in accordance with BSL A 1-2 "Forskrift om gebyr til Luftfartstilsynet (Gebyrforskriften)".		
<input type="checkbox"/> Invoice payment by applicant		<input type="checkbox"/> Invoice payment by company
Company name (if paid by company (Norwegian registered only)):		

4	Checklist prerequisites (to be completed by Head of Training)	
Name of ATO:		Date of course completion:
<input type="checkbox"/> Prerequisites in the specified section are fulfilled and verified <input type="checkbox"/> Training completed and application approved, documentation attached		Course time in aeroplane or helicopter: TRI course completed: <input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3
Signature Head of Training:		Name in capital letters:
TRI(A)		
<input type="checkbox"/>	Valid type rating on the relevant type	
<input type="checkbox"/>	TRI MPA: ≥ 30 route sectors within the 12-month period preceding application whereof not more than 15 in FFS. ≥ 1500 hours on multi pilot aeroplanes.	
<input type="checkbox"/>	TRI SPA: ≥ 30 route sectors within the 12-month period preceding application whereof not more than 15 in FSTD ≥ 500 hours on aeroplanes of which 30 hours PIC or have or have held FI(A) ME with IR privileges on the applicable type	
<input type="checkbox"/>	For TRI SPA with privileges to instruct for single-pilot high-performance complex aeroplanes (SPHPCA) in MPO: <ul style="list-style-type: none"> - holds or has held a TRI certificate for multi-pilot aeroplanes, or - have at least 500 hours on aeroplanes in multi-pilot operations and have completed an MCCI training course in accordance with point FCL.930.MCCI (must be documented if applicable) 	
TRI(H)		
<input type="checkbox"/>	Valid type rating on the relevant type	
<input type="checkbox"/>	TRI SPH SE: ≥ 250 hours on helicopter or hold an FI(H) certificate	
<input type="checkbox"/>	TRI SPH ME: ≥ 500 hours on helicopter of which at least 100hours PIC on MEH or hold an FI(H) certificate and 100hrs in MEH on the applicable type	
<input type="checkbox"/>	TRI MPH: ≥ 1000 hours on helicopter, including, at least 350 hours MPO or have 100 hours as a pilot in multi-pilot operations	
SFI(A)		
<input type="checkbox"/>	Hold or have held CPL, MPL, MPO on any aircraft type or ATPL in the applicable category	
<input type="checkbox"/>	Valid PC or skill test on relevant type within the last 12 months	
<input type="checkbox"/>	SFI MPA: ≥ 1500 hours on multi-pilot aeroplanes	
<input type="checkbox"/>	SFI SPHCA: ≥ 500 hours PIC on SP aeroplanes and hold or have held a ME/IR	

<input type="checkbox"/>	≥ 3 route sectors as an observer in cockpit or ≥ 2 LOFT-based SIM sessions of at least 2 hours each between 2 different aerodromes
<input type="checkbox"/>	For SFI(SPA) with privileges to instruct for single-pilot high-performance complex aeroplanes (SPHPCA) in MPO: <ul style="list-style-type: none"> - hold or have held a TRI certificate for multi-pilot aeroplanes, or - have at least 500 hours on aeroplanes in multi-pilot operations and have completed an MCCI training course in accordance with point FCL.930.MCCI (must be documented if applicable)

SFI(H)

<input type="checkbox"/>	Valid PC or skill test on relevant type within the last 12 months
<input type="checkbox"/>	At least 1 hour as an observer in the cockpit or pilot on the applicable type within the last 12 months
<input type="checkbox"/>	SFI MPH: ≥ 1000 hours on helicopter, including 350 hours MPO in any aircraft category
<input type="checkbox"/>	SFI SPH ME: ≥ 500 hours, including 100 hours as PIC on ME SPH
<input type="checkbox"/>	SFI SPH SE: ≥ 250 hours as pilot on helicopter
<input type="checkbox"/>	SFI SPH ME in MPO ≥ 350 hours in MPO in any aircraft category

Extension TRI(A) (requires a valid TRI on a different type)

<input type="checkbox"/>	≥ 15 Route sectors within the 12-month period preceding application whereof not more than 7 in FFS.
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Extension TRI(H) (requires a valid TRI on a different type)

<input type="checkbox"/>	≥ 10 hours on the applicable type, which of maximum 5 hours may be completed in an FFS or FTD 2/3
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Extension SFI (requires a valid SFI or a TRI on a different type)

<input type="checkbox"/>	Complete the simulator content of the relevant type rating course
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5 Result of the AoC (to be completed by examiner)

Final result:	Passed	Failed
Date:	Examiner certificate no:	
Name of examiner in capital letters:	Signature of examiner:	

6	Checklist before AoC (to be completed by examiner)
<input type="checkbox"/> Training course is completed <input type="checkbox"/> TRI: Hold an ATPL, CPL or MPL. SFI only: Hold or have held an ATPL, CPL or MPL <input type="checkbox"/> Valid medical certificate class 1 (TRI) <input type="checkbox"/> Valid language proficiency <input type="checkbox"/> Personal identification card	

7	Assessment of Competence (to be completed by examiner)		
Competence	Performance	Checked	Remarks
Prepare resources	a) Ensure adequate facilities	<input type="checkbox"/>	
	b) Prepare briefing materials	<input type="checkbox"/>	
	c) Manage available tools	<input type="checkbox"/>	
	d) Plans training within the training platform, as determined by the ATO	<input type="checkbox"/>	
Create a climate conducive to learning	a) Establishes credentials, role models, and appropriate behaviour	<input type="checkbox"/>	
	b) Clarifying roles	<input type="checkbox"/>	
	c) States objectives	<input type="checkbox"/>	
	d) Ascertains and supports student pilots' (trainees) needs	<input type="checkbox"/>	
Present knowledge	a) Communicates clearly	<input type="checkbox"/>	
	b) Creates and sustains realism	<input type="checkbox"/>	
	c) Looks for training opportunities	<input type="checkbox"/>	
Integrate TEM or CRM	a) Makes TEM or CRM links with technical training	<input type="checkbox"/>	
	b) For aeroplanes: makes upset prevention links with technical training	<input type="checkbox"/>	
Manage time to achieve training objectives	Allocates time appropriate to achieving the competency objective	<input type="checkbox"/>	
Facilitate learning	a) Encourages trainee participation	<input type="checkbox"/>	
	b) Shows a motivating, patient, confident and assertive manner	<input type="checkbox"/>	

	c) Conducts one-to-one coaching	<input type="checkbox"/>	
	d) Encourages mutual support	<input type="checkbox"/>	
Assesses trainee performance	a) Assesses and encourages trainee self-assessment of performance against competency standards	<input type="checkbox"/>	
	b) Make assessment decisions and provide clear feedback	<input type="checkbox"/>	
	c) Observes CRM behaviour	<input type="checkbox"/>	
Monitor and review progress	a) Compares individual outcomes to defined objectives	<input type="checkbox"/>	
	b) Identifies individual differences in learning rates	<input type="checkbox"/>	
	c) Applies appropriate corrective action	<input type="checkbox"/>	
Evaluate training sessions	a) Elicits feedback from trainees	<input type="checkbox"/>	
	b) Tracks training session processes against competence criteria	<input type="checkbox"/>	
	c) Keeps appropriate records	<input type="checkbox"/>	
Report outcome	Reports accurately using only observed actions and events	<input type="checkbox"/>	

8	Details of the flight or simulator session (to be completed by the examiner)		
Aircraft registration:		FSTD QC number:	Type of aircraft:
Departure aerodrome:		Block on:	On ground:
Destination aerodrome:		Block off:	Take-off:
		Total block:	Total airborne time:

9	Remarks (to be completed by the examiner)	
Item no:	Comment:	

<input type="checkbox"/>	De-briefing / has taken part in the comments above	Date:	Signature of applicant:

10	Additional information (any additional information regarding the conditions during the test, simulators, etc.)

11	Verification of compliance in accordance with ARA.GEN.315 and AMC1 ARA.GEN.315 (a)
<input type="checkbox"/>	I do not hold any personnel licence, certificate, rating, authorisation, or attestation with the same scope and in the same category issued in another Member State.
<input type="checkbox"/>	I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State.
<input type="checkbox"/>	I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.
<input type="checkbox"/>	I hereby declare that all the statements in connection with this application are complete and correct. I understand that any false or misleading statement could disqualify me from being granted a personell licence, certificate, rating, authorisation or attestation.
Date:	Signature of applicant:

12	Declaration of national procedure and requirements for non-Norwegian examiners according to FCL.1030(b)(3)(iv)
I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document.	
Date:	Signature of examiner:

!!!	All attached copies shall be readable and in colour
Please note that failure to submit all required documentation may result in the return of your application.	

Handling of personal data	
<p>To process your application, we need information about you. Your personal data is required to ensure the information received is from the correct person. Your personal data will be handled in accordance with Regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmembers and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.</p> <p>Your personal data will be stored only as long as required for the purpose for which they were collected. You have the right to access your personal data, and, if necessary, have it corrected. If you believe your personal data is not handled according to the GDPR, you may appeal to the Norwegian Data Protection Authority.</p> <p>The Civil Aviation Authority – Norway (CAA-N) is responsible for processing your application. To contact our data protection officer, email personvernombud@caa.no.</p> <p>All written inquiries to CAA-N are subject to the Archive and Freedom of Information Act. The public's right to access information does not apply to personal data, which is subject to confidentiality.</p> <p>Read our privacy policy here: https://luftfartstilsynet.no/en/about-us/privacy-policy.</p>	