

Application form for TRI (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.

TRI (H)

Licence Type /No:

To be completed by the applicant

Application for:

- Initial TRI(H) Certificate (Appendix 1) Revalidation of TRI(H) Certificate (Appendix 2) Renewal of TRI(H) Certificate (Appendix 3)
- Extension to a further Type. Helicopter type: _____ Extension to conduct Training in the helicopter (Appendix 5)
- Extension to conduct flight instruction in the same type of helicopter from single-pilot to multi-pilot operations. (Appendix 6)
- To instruct for the revalidation and renewal of an IR and I hold an IR in the relevant aircraft category. Valid until Date: _____ (must be valid)
- Extension to conduct Landings Training in aircraft with no abnormal / emergency procedures (Appendix 7)

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 held: _____ Valid till Date: ____/____/____

Licence held: CPL(H) ATPL(H)

Type Rating: _____ Valid until: _____

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

Signature of Applicant: _____ Date of Signature: _____

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Appendix 1

Licence Type /No:

PART 1 OF 2

TRI (H) – First Issue Application Form

To be completed by the applicant

Last and First Name: _____

TRI (H) requested on the following type: _____

Type rating valid until date: _____

Type of licence held: CPL(H) ATPL(H)

(1) For single-pilot single-engine helicopters

Completed as pilot on helicopters Hours: _____ *Minimum 250 hours,*
or holds an FI(H) certificate _____

(2) For single-pilot multi-engine helicopters

Completed as pilot on helicopters Hours: _____ *Minimum 500 hours,*
including PIC hours on single-pilot multi-engine helicopters _____ *Minimum 100 hours*
or completed as pilot on multi-engine helicopter hours _____ *Minimum 100, and*
holds an FI(H) certificate _____

(3) For multi-pilot helicopters

Completed as pilot on helicopters Hours: _____ *Minimum 1,000 hours,*
Including hours as a pilot on multi-pilot operations on any aircraft category _____ *Minimum 350 hours*
(within the last 2 years); or
Holding a valid TRI(H) certificate for multi pilot operations on the type, valid until: _____ and
Completed as pilot of that type in multi-pilot operations _____ *Minimum 100 hours*
(within the last 2 years)

Note: Before the privileges of a TRI(H) are extended from single-pilot helicopters to multi-pilot helicopters, the holder shall comply with point 3 of this page.

Note: Holders of an FI(H) certificate shall be fully credited towards the requirements of (1) and (2) in the relevant single-pilot helicopter. FI (H) Certificate valid until: _____

Assessment of Competence completed on date: _____ as a TRI(H)

on aircraft FSTD* SP MP

(attach form TM/CAD/278)

**TRI restricted to FSTDs only*

Signature of applicant: _____ Date of Signature: _____

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Appendix 1

PART 2 OF 2

Applicant's Full Name and Licence No:

TRI (H) – First Issue Application Form

To be completed by ATO and signed by Head of training

Training conducted in: FSTD only Helicopter only FSTD and Helicopter
 SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT: _____

Location & date: _____

Type of Helicopter: _____

Teaching & learning hours: _____ *Minimum 25 hours*

Teaching & learning course completed on date: _____ or tick if credited.

Technical training hours: _____ *Minimum 10 hours*

Flight instruction on the appropriate FSTD Hours: _____ (a)

Flight instruction on the helicopter Hours: _____ (b)
(a+b = Minimum 5 hours for SP or Minimum 10 hours for MP)

Course Start Date: _____ Course Completion Date: _____

Credit (if applicable)

(i) Applicants holding or having held an instructor certificate shall fully be credited towards the requirement for the teaching and learning part.

(ii) Applicants holding an SFI certificate for the relevant type shall be fully credited towards the requirements of the above requirements for the issue of a TRI certificate restricted to flight instruction in FSTDs.

The ATO confirms that the candidate has been trained according to the approved syllabus for the TRI (SPA), and assures the level of proficiency required.

Signature of HT: _____ Date of Signature: _____

Name of HT: _____ Licence number: _____

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Appendix 2 TRI (H) – Revalidation

Applicant's Full Name and Licence No:

To be completed by the applicant

SP Operations

MP Operations

SP & MP Operations

Helicopter Type: _____

For revalidation of a TRI(H) certificate, the holder shall fulfil 2 of the following 3 requirements:

Flight or FSTD Instruction on each of the types of aircraft for which instructional privileges are held 7
(Note: Use a copy of this page for each type of helicopter)

(a) FSTD Instruction Hours: _____ Completed on Date: _____

(b) Flight instruction Hours: _____ Completed on Date: _____
(a+b = Minimum 50 hours)

Including in the last 12 months preceding the expiry date _____ (Minimum 15 hours)

Note: In the case of a TRI(H), the time flown as FIs, instrument rating instructors (IRIs), synthetic training instructors (STIs) or as any kind of examiners shall be accounted for this purpose;

Refresher Training

Received Instructor refresher training as a TRI at an ATO, within the 12 months preceding the expiry date of the TRI certificate on Date _____ (Certificate required)

Assessment of Competence see Note

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

Note:

1. For the at least each alternate subsequent revalidation in the case of TRI(H) the holder shall have to pass an assessment of competence in accordance with FCL.935.
2. If a person holds a TRI certificate on more than one type of aircraft within the same category, the assessment of competence taken on one of those types shall revalidate the TRI certificate for the other types held within the same category of aircraft.
3. A TRI(H) holding an FI(H) certificate on the relevant type shall have full credit towards the revalidation requirements above. In this case, the TRI(H) certificate will be valid until the expiry date of the FI(H) certificate.

Complete if requirement for assessment of competence above is not ticked.

Date of last assessment of competence as TRI(H) : _____

Signature of Applicant: _____ Date of Signature: _____

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Appendix 3 TRI (H) – Renewal

Applicant's Full Name and Licence No:

To be completed by the applicant

SP Operations

MP Operations

SP & MP Operations

Helicopter Type: _____

For renewal of a TRI(H) certificate, the holder shall fulfil the following 2 requirements:

I hereby declare that within the 12 months preceding the date of application, I conducted Hours:

_____ (*Minimum 10 hours*) on the above helicopter type, of which Hours: _____

(*Maximum of 5 hours*) in an FFS or FTD 2/3 representing the helicopter type.

Refresher Training

Received Instructor refresher training as a TRI at an ATO, which shall cover the relevant elements of the TRI training course, within the 12 months preceding the expiry date of the TRI certificate on

Date _____ (*Certificate required*)

Signature of Applicant: _____ Date of Signature: _____

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Appendix 4 TRI (H) – Extension to further Types

Applicant's Full Name and Licence No:

To be completed by the Head of Training

SP Operations

MP Operations

SP & MP Operations

New Helicopter Type: _____

1) Type technical part of the relevant Type Rating Instructor course.

I hereby declare that _____ completed the type technical content of the _____ TRI course, consisting of Hours: _____ of instruction on the new helicopter type above or on FSTD ID No. _____ representing the type.

2) Flight instruction

I hereby declare that _____ conducted Hours: _____ of flight instruction related to the duties of a TRI on the type _____ on helicopter registration No: _____ under the supervision and to the satisfaction of a TRI(H). On Date: _____.

Supervising TRI(H) Name: _____

Supervising TRI(H) Licence No: _____ Signature of Supervising TRI: _____

Name of ATO: _____ ATO certificate no: _____

Name of Head of training: _____

Signature of HT: _____ Date of Signature: _____

To be completed by Applicant

New Helicopter Type: _____ Multi-pilot operations on the new helicopter type (if applicable) Hours: _____

I hereby declare that within the 12 months preceding the date of application, I conducted Hours: (a) _____ on the above helicopter type, of which Hours: (b) _____ in an FFS or FTD 2/3 representing the helicopter type. (a+b =Minimum 5 hours for SP or Minimum 10 hours for MP unless credits are stated in OSD). Credit hours _____.

3) Assessment of competence

SP Operations

MP Operations

SP & MP Operations

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

(attach form TM/CAD/278)

Signature of Applicant: _____ Date of Signature: _____

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Appendix 5 TRI (H) – Extension to conduct Training in aircraft

Applicant's Full Name and Licence No:

To be completed by the Applicant

Helicopter Type: _____

I completed the TRI training to conduct flight training in the helicopter type above with (Name of ATO)
_____ on Date _____

Assessment of Competence completed on the helicopter on Date: _____ with
(Name of TRE) _____
(attach form TM/CAD 278)

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

SP Operations MP Operations SP & MP Operations

ATO Name: _____ Certificate number: _____

Name of HT _____

Helicopter Type: _____

The applicant completed TRI training to extend privileges to provide training in the helicopter type above
(Certificate required)

Technical training hours: _____

Flight instruction on the appropriate FSTD Hours: _____ FSTD ID _____

Flight instruction on the helicopter Hours: _____ Helicopter Registration: _____

Training Start Date: _____ Training Completion Date: _____

Signature of HT _____ Date of Signature: _____

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Appendix 6

TRI (H) – Extension to conduct flight instruction in the same type of helicopter from single-pilot to multi-pilot operations.

Applicant's Full Name and Licence No:

To be completed by Applicant

Helicopter Type: _____

Conducted flight hours: _____ *Minimum 1,000 hours.*

Conducted flight hours on any aircraft category in multi-pilot operations: _____ *Minimum 350 hours.*

OR

Conducted flight hours on Helicopter Type _____ (same type) in multi-pilot operations: _____ *Minimum 100 hours within the last 2 years.*

Assessment of competence

MP Operations

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

(attach form TM/CAD/278)

Signature of Applicant: _____ Date of Signature: _____

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Appendix 7

TRI (H) MPA - Extension to conduct Landings Training in Aircraft (no abnormal / emergency procedures)

Applicant's Full Name and Licence No:

To be completed by the Applicant

helicopter Type : _____

I completed the training as a TRI(H) to conduct aeroplane landings(no abnormal/emergency procedures)

with(Name of ATO) _____ on Date : _____

Signature of Applicant: _____ Date of Signature: _____

To be completed by the ATO

ATO Name: _____ Certificate number: _____

Name of HT _____

Helicopter Type : _____

The applicant completed the training including training in the helicopter to conduct take-offs and landings only, no abnormal /emergency procedures . *(Certificate required)*

Technical training hours : _____

Flight instruction on the appropriate FSTD Hours: _____ FSTD ID _____

Flight instruction on the helicopter Hours: _____

Training Start Date : _____ Training Completion Date: _____

Signature of HT _____ Date of Signature _____

Declaration by the Instructor

The applicant has performed role-play flying for landing training under my supervision and to my satisfaction

Signature of TRI(H) nominated by ATO _____ Date of Signature _____

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TRI (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.
6. Copy of ATO Approval Certificate if not issued by Transport Malta
7. Assessment of Competence Form TM/CAD/278
8. Copy of SFI certificate if credit is given - *if applicable*
9. TRI Course Completion Certificate showing FSTD and helicopter time as applicable
10. Certificate of training completed for TRI revalidation or renewal showing FSTD and helicopter time as applicable.
11. Copy of Examiner Certificate if not issued by Transport Malta
12. Copy of the FSTD Approval

It is important to send all the documents to avoid a delay in the issue of the licence.

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 Act 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 – Civil Aviation Directorate, 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