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eller
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8001 BODØ

Report form for:
Assessment of Competence according to Part FCL Subpart J, FCL.935,
FCL.920 and AMC1 FCL.920
(EU) NO 1178/2011 3 NOV 2011

Assessment of Competence SFI / TRI

A.	<input type="checkbox"/> First Issue	Aeroplane	Helicopter
	<input type="checkbox"/> Renewal	<input type="checkbox"/> TRI	<input type="checkbox"/> TRI
	<input type="checkbox"/> Revalidation	<input type="checkbox"/> TRI FSS only	<input type="checkbox"/> TRI FFS Only
	<input type="checkbox"/> Extention (new type)	<input type="checkbox"/> TRI Base/LIFUS <input type="checkbox"/> SFI	<input type="checkbox"/> SFI

B. To be completed by the examiner	
Date of the test	
Flight time Total	
Type of aircraft	

Please note: For Renewal or Revalidation, form NF- 1046E-3 (aeroplane) or NF-1046E-4 (Helicopter) must be attached.

C.
To be completed by the Applicant

Licence number/ pers. no. (11 digits)		State of Issue
Last name	First (middle) name(s)	
Adress		Postal code and city
Telephone	Mobilephone	E-mail adress
Employed by:		

TRAINING COMPLETED AND APPLICANT APPROVED

D.
To be completed by ATO

Name and number of ATO	Signature of Head of Training		
Date	Name in block letters		
Training during course			
Course time in aeroplane or helicopter	TRI course completed		
	Part 1	Part 2	Part 3

RESULT OF THE TEST

E.
To be completed by the examiner

Final result:	Passed	Failed
Place and date:		Stamp (if applicable)
Examiner certificate number:		
Name in block letters:		
Signature of examiner:		

BEFORE TEST

F.

<p>Always check</p> <p>Approved and completed training course: <input type="checkbox"/> Teaching and learning <input type="checkbox"/> Technical instruction <input type="checkbox"/> Flight instruction</p> <p><input type="checkbox"/> Valid ATPL, CPL or MPL (TRI) <input type="checkbox"/> Valid medical certificate class 1 (TRI)</p> <p><input type="checkbox"/> Holder of or has held ATPL, CPL, MPL (SFI) <input type="checkbox"/> Valid Language proficiency rating (will be required before licence issue)</p> <p><input type="checkbox"/> Personal identification card</p>	
<p>TRI (A)</p> <p><input type="checkbox"/> Valid type rating on relevant type</p> <p><input type="checkbox"/> ≥ 30 Route sectors within the 12 month period preceding application whereof not more than 15 in FFS. ≥ 1500 hours on Multi Pilot Aeroplanes (TRI MPA)</p> <p><input type="checkbox"/> ≥ 500 hours on Aeroplanes of which 30 hours PIC or have or have held FI with instrument and ME privileges (TRI SPA)</p> <p><input type="checkbox"/> Valid medical certificate class 1</p>	<p>TRI (H)</p> <p><input type="checkbox"/> Valid type rating on relevant type</p> <p><input type="checkbox"/> ≥ 250 hours on helicopter (TRI SPSEH)</p> <p><input type="checkbox"/> ≥ 500 hours on helicopter of which at least 100 hours PIC on MEH (TRI SPMEH)</p> <p><input type="checkbox"/> ≥ 1000 hours on helicopter including, at least 350 hours MPH or hold a TRI SPH and have 100 hours MP-time (MPH)</p>
<p>SFI(A)</p> <p><input type="checkbox"/> Valid PC on relevant type within the last 12 months</p> <p><input type="checkbox"/> ≥ 1500 hours on Multi Pilot Aeroplanes (TRI MPA)</p> <p><input type="checkbox"/> ≥ 500 hours PIC on SP Aeroplanes and hold or have held a ME/IR (SFI SPA)</p> <p><input type="checkbox"/> ≥ 3 routesectors as observer in cockpit or ≥ 2 LOFT-based SIM sessions</p>	<p>SFI(H)</p> <p><input type="checkbox"/> Valid PC on relevant type within the last 12 months</p> <p><input type="checkbox"/> At least 1 hour as observer in cockpit or pilot on the applicable type within the last 12 months ≥ 1000 hours on helicopter including 350 hours MPH (SFI MPH)</p> <p><input type="checkbox"/> ≥ 500 hours including 100 hours as PIC on ME SPH (SFI ME SPH)</p> <p><input type="checkbox"/> ≥ 250 hours on helicopter (SFI SE SPH)</p>
<p>Extension TRI(A)</p> <p><input type="checkbox"/> ≥ 15 Route sectors within the 12 month period preceding application whereof not more than 7 in FFS.</p> <p><input type="checkbox"/> Completed the technical training and flight instruction parts of the relevant TRI course</p>	<p>Extension TRI(H)</p> <p><input type="checkbox"/> Completed the technical training part of the relevant TRI course</p> <p><input type="checkbox"/> Conducted ≥ 2 hours of training on the applicable type under the supervision of a qualified TRI(H)</p>
<p>Extension SFI</p> <p><input type="checkbox"/> Completed the simulator part of the relevant type rating course</p> <p><input type="checkbox"/> Conducted ≥ 3 hours of flight instruction on a complete type rating course on the applicable type under the supervision of a qualified TRE</p>	<p>All prerequisites checked and confirmed</p> <p>.....</p> <p>Examiner signature</p>

Assessment

G.

Competence	Performance	Checked	Comments:
Prepare resources	(a) ensures adequate facilities	<input type="checkbox"/>	
	(b) prepares briefing material	<input type="checkbox"/>	
	(c) manages available tools	<input type="checkbox"/>	
Create a climate conducive to learning	(a) establishes credentials, role models appropriate behavior	<input type="checkbox"/>	
	(b) clarifies roles	<input type="checkbox"/>	
	(c) states objectives	<input type="checkbox"/>	
	(d) ascertains and supports 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	makes TEM or CRM links with technical training.	<input type="checkbox"/>	
Manage time to achieve training objectives	allocates time appropriate to achieving competency objective.	<input type="checkbox"/>	
Facilitate learning	a) encourages trainee participation	<input type="checkbox"/>	
	b) shows 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) makes assessment decision 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 b) identifies individual differences in learning rates c) applies appropriate corrective action	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Evaluate training sessions	a) elicits feedback from trainees b) tracks training session processes against competence criteria c) keeps appropriate records	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Report outcome	reports accurately using only observed actions and events.	<input type="checkbox"/>	

H.

FLIGHT DETAILS		
Aircraft registration/simulator qualification no.	Block on / Rotor stop	On ground
Departure aerodrome	Block off / Rotor start	Take-off
Destination aerodrome	Total block	Total airborne
Aircraft type	PIC	

Overall Comments

I.

Item no	comment	
Debriefing/taken part of comments above	Date	Signature of applicant

J.

Additional information

LIFUS

K.

Aircraft training completed, date	Signature of TRI	
TRI name in block letters		TRI licence number

BASE TRAINING (Aircraft Training)

Checked for base training, date	Signature of TRI	
TRI name in block letters		TRI licence number

NB! See instructions on page 7

*The test and check forms used by a Non-Norwegian examiner who have been certified by another competent authority shall have the following declaration attached.
FCL.1030(b)(3)(iv) from 03 April 2014*

Declaration of National procedure and requirements for Non-Norwegian Examiners

I hereby declare that I, *[name examiner]*, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version *[insert document version, i.e. 01-2014]* of the Examiner Differences Document.

Date

Signature

Instructions for completing form

NF- 1101 – TRI/SFI,

- A. Please tick the appropriate boxes; if privileges for base training or LIFUS are sought section K must be completed
- B. Please enter the complete information. Flight time total is the applicant total flight time in the appropriate category of aircraft.
- C. Information of the applicant
- D. This section is to be completed by the Head of Training of the ATO. Part 1 refers to the teaching and learning, Part 2 refers to the technical training and part 3 refers to the flight instruction.
- E. The result of the test
- F. This section is a checklist of prerequisites for the examiner to check before the test/check. Text within brackets () refers to the rating applied for. **Please note that the examiner must sign and thus affirm that he has checked all prerequisites before the test.**
- G. Please check the boxes on all relevant items.
- H. Details of the flight or simulator session.
- I. Comments regarding tested items, please indicate the item commented.
- J. Any additional information regarding the conditions during test, simulators etc.
- K. After completing the applicable training for LIFUS privileges, the TRI must enter the applicable information.
When checked for base training the TRI must enter the applicable information.

Please note: For Renewal or Revalidation, form NF- 1046E-3 (aeroplane) or NF-1046E-4 (Helicopter) must be attached.

In order to process your application we need information about you. Your personal data is required in order to issue, revalidate, renew or extend (SFI) Syntetic Flight Instructor- or (TRI) Type Rating Instructor Certificate to 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 crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority.

The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application and our data protection officer is Torgeir Øines. E - mail: tor@caa.no.

All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality. Read our privacy police [here](#).