

**Send til:**  
[postmottak@caa.no](mailto:postmottak@caa.no)

**eller**  
Luftfartstilsynet  
Postboks 243  
8001 Bodø  
NORGE

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)  |   |  |
|---|---|--|
| <b>Type of AoC:</b><br><input type="checkbox"/> First issue<br><input type="checkbox"/> Revalidation*<br><input type="checkbox"/> Renewal*<br><input type="checkbox"/> Extension (new type) | <b>Aeroplane:</b><br><input type="checkbox"/> TRI restricted (FFS only)<br><br><b>TRI:</b> <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO<br><b>SFI:</b> <input type="checkbox"/> MPA <input type="checkbox"/> SPA <input type="checkbox"/> SPA MPO | <b>Helicopter:</b><br><input type="checkbox"/> TRI restricted (FFS only)<br><input type="checkbox"/> Aircraft training<br><b>TRI:</b> <input type="checkbox"/> MPH <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE<br><b>SFI:</b> <input type="checkbox"/> MPH <input type="checkbox"/> SPH ME <input type="checkbox"/> SPH SE |
| * <b>Please note:</b> Revalidation or Renewal form NF-1166 (aeroplane) or NF-1168 (helicopter) must be attached.  |   |  |
| <b>Please note:</b> 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 (dd/mm/yyyy): | 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<br>"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)):  |   |

|   |  |
|---|--|
| <b>4 Training completed and application approved</b> (To be completed by Head of Training)    |  |
| Name of ATO:  | Date of course completion (dd.mm.yyyy):  |
| <input type="checkbox"/> Training completed and application approved, documentation attached. | Course time in aeroplane or helicopter:  |
|   | TRI course completed:<br><input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 |
| Signature Head of Training:   | Name in capital letters:   |

|  |   |
|--|---|
| <b>5 Result of the AoC</b> (To be completed by examiner) |   |
| <b>Final result:</b>                                     | <input type="checkbox"/> Passed <input type="checkbox"/> Failed |
| Date (dd/mm/yyyy):                                       | Examiner certificate no:  |
| Name of examiner in capital letters:                     | Signature of examiner:  |

|  |  |
|--|--|
| <b>6 Checklist before AoC</b> (To be completed by examiner)  |  |
| Approved and completed training course:  | <input type="checkbox"/> Teaching and learning <input type="checkbox"/> Technical instruction <input type="checkbox"/> Flight instruction  |
| <input type="checkbox"/> Hold an ATPL, CPL, MPL (TRI). For SFI only, hold or held an ATPL, CPL, MPL<br><input type="checkbox"/> Valid medical certificate class 1 (TRI)<br><input type="checkbox"/> Valid language proficiency<br><input type="checkbox"/> Personal identification card  |  |
| All prerequisites listed below, checked, confirmed and fulfilled   |  |
| Additional requirements for instructors that provide flight instruction in aircraft except in the case of flight test instructors (FTIs), have:<br><input type="checkbox"/> completed at least 15 hours of flight time as pilots of the class or type of aircraft on which flight instruction is to be given, of which a maximum of 7 hours may be in an FSTD representing the class or type of aircraft, if applicable;<br>or<br><input type="checkbox"/> passed an AoC for the relevant category of instructor on that class or type of aircraft |  |
| <b>TRI(A) (Initial – Prerequisites)</b>  |  |
| <input type="checkbox"/>   | Valid type rating on the relevant type   |
| <input type="checkbox"/>   | <b>TRI MPA:</b><br>≥ 30 route sectors within the 12-month period preceding application whereof not more than 15 in FFS.<br>≥ 1500 hours on multi pilot aeroplanes.   |
| <input type="checkbox"/>   | <b>TRI SPA:</b><br>≥ 30 route sectors within the 12-month period preceding application whereof not more than 15 in FSTD<br>≥ 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"/>                | <p>For TRI SPA with privileges to instruct for single-pilot high-performance complex aeroplanes (SPHPCA) in MPO:</p> <ul style="list-style-type: none"> <li>- holds or has held a TRI certificate for multi-pilot aeroplanes, or</li> <li>- 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)</li> </ul>  |
| <b>TRI(H) (Initial – Prerequisites)</b> |   |
| <input type="checkbox"/>                | Valid type rating on the relevant type  |
| <input type="checkbox"/>                | <b>TRI SPH SE:</b><br>≥ 250 hours on helicopter or hold FI(H)   |
| <input type="checkbox"/>                | <b>TRI SPH ME:</b><br>≥ 500 hours on helicopter of which at least 100 hours PIC on MEH or hold FI(H) and 100 hrs in MEH   |
| <input type="checkbox"/>                | <b>TRI MPH:</b><br>≥ 1000 hours on helicopter, including, at least 350 hours MPO or hold a TRI SPH ME and have 100 hours as a pilot on that type in multi-pilot operations  |
| <b>SFI(A) (Initial – Prerequisites)</b> |   |
| <input type="checkbox"/>                | Hold or have held CPL, MPL 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"/>                | <b>SFI MPA:</b><br>≥ 1500 hours on multi-pilot aeroplanes   |
| <input type="checkbox"/>                | <b>SFI SPHCA:</b><br>≥ 500 hours PIC on SP aeroplanes and hold or have held a ME/IR   |
| <input type="checkbox"/>                | ≥ 3 route sectors as observer in cockpit or<br>≥ 2 LOFT-based SIM sessions of at least 2 hours each between 2 different aerodromes  |
| <input type="checkbox"/>                | <p>For SFI(SPA) with privileges to instruct for single-pilot high-performance complex aeroplanes (SPHPCA) in MPO:</p> <ul style="list-style-type: none"> <li>- hold or have held a TRI certificate for multi-pilot aeroplanes, or</li> <li>- 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)</li> </ul> |
| <b>SFI(H) (Initial – Prerequisites)</b> |   |
| <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"/>                | <b>SFI MPH:</b><br>≥ 1000 hours on helicopter, including 350 hours MPH  |
| <input type="checkbox"/>                | <b>SFI SPH ME:</b><br>≥ 500 hours, including 100 hours as PIC on ME SPH   |
| <input type="checkbox"/>                | <b>SFI SPH SE:</b><br>≥ 250 hours as pilot on helicopter  |

| Extension TRI(A) (Require 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. |
| <input type="checkbox"/>                                   | Completed the technical training and flight instruction parts of the relevant TRI course            |
| Extension TRI(H) (Require a valid TRI on a different type) |   |
| <input type="checkbox"/>                                   | Completed the technical training part of the relevant TRI course                                    |
| <input type="checkbox"/>                                   | Conducted ≥ 2 hours of training on the applicable type under the supervision of a qualified TRI(H)  |

| Extension SFI (Require a valid SFI or a TRI on a different type) |  |
|--|--|
| <input type="checkbox"/>   | Conducted ≥ 2 hours of training on the applicable type under the supervision of a qualified TRI(H)   |
| <input type="checkbox"/>   | FCL.910 SFI (c) Conducted ≥ 3 hours of flight instruction on a complete type rating course on the applicable type under the supervision of a qualified TRE or SFE. Use the assessment form under point 7 as documentation. |

| 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, appropriate behaviour           | <input type="checkbox"/> |         |
|  | b) clarifying roles  | <input type="checkbox"/> |         |
|  | c) states objectives   | <input type="checkbox"/> |         |
|  | d) ascertains and supports student pilot's (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"/> |         |

|   |  |                          |  |
|---|--|--------------------------|--|
| <b>Integrate TEM or CRM</b>                       | 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"/> |  |
| <b>Manage time to achieve training objectives</b> | Allocates time appropriate to achieving competency objective.                                  | <input type="checkbox"/> |  |
| <b>Facilitate learning</b>                        | 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"/> |  |
| <b>Assesses trainee performance</b>               | a) assesses and encourages trainee self-assessment of performance against competency standards | <input type="checkbox"/> |  |
|   | b) makes assessment decisions and provide clear feedback                                       | <input type="checkbox"/> |  |
|   | c) observes CRM behaviour  | <input type="checkbox"/> |  |
| <b>Monitor and review progress</b>                | 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"/> |  |
| <b>Evaluate training sessions</b>                 | 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"/> |  |
| <b>Report outcome</b>                             | 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 / Taken part of comments above | Date (dd/mm/yyyy): | Signature of applicant: |

|           |   |
|-----------|---|
| <b>10</b> | <b>Additional information</b> (Any additional information regarding the conditions during the test, simulators, etc.) |
|           |   |

|                          |   |
|--------------------------|---|
| <b>11</b>                | <b>Verification of compliance in accordance with ARA.GEN.315 and AMC1 ARA.GEN.315 (a)</b>   |
| <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 (dd/mm/yyyy):       | Signature of applicant:   |

|   |   |
|---|---|
| <b>12</b>   | <b>Declaration of national procedure and requirements for non-Norwegian examiners according to FCL.1030(b)(3)(iv)</b> |
| 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 (dd/mm/yyyy):  | Signature of examiner:  |

**!!! All attached copies shall be readable and in color**

**Please note that failure to submit all required documentation may result in the return of your application.**

### **Handling of personal data**

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.

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 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 processing your application. To contact our data protection officer, email [personvernombud@caa.no](mailto:personvernombud@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 policy here: <https://luftfartstilsynet.no/en/about-us/privacy-policy>.