

ZFTT LIFUS form

	Applicant Det	ails		
First name(s):			Last name:	
Licence no.:		Aircraft type/licence	e endorsement:	Date of passed skill test:
Section 2.a:	: ZFTT Simula	ator Session (To be	e filled out by	/TRI/r)
_			STD meet the req	uirements for ZFTT i.a.w. FCL.730.A.
Date of ZFTT simulator session:		FSTD qualification no.:		TRI/r licence no.:
TRI/r name:			TRI LIFUS or	HT signature:
Section 2.b:	: ZFTT LIFUS	Details (To be fille	ed out by TRI	LIFUS)
Date:	TRI LIFUS name and licence no.:			TRI LIFUS or HT signature:
Date:	TRI LIFUS na	TRI LIFUS name and licence no.:		TRI LIFUS or HT signature:
Date:	TRI LIFUS n	TRI LIFUS name and licence no.:		TRI LIFUS or HT signature:
ate: TRI LIFUS na		ame and licence no.:		TRI LIFUS or HT signature:
Section 3: A	Additional inf	ormation/remarks		



Section 1: Applicant Details

Self explanatory

Section 2: Zero Flight Time Training

Applicable for applicants who have completed a Part-FCL type rating ZFTT course. The following documentation must be attached to the application:

- ATO Approval Certificate.
- FSTD qualification certificate.
- Copy of the licence of the TRI/TRI's responsible for the simulator and LIFUS training

Specific requirements for pilots undertaking a zero flight time type rating (ZFTT)

A pilot undertaking instruction at a ZFTT course shall have completed, on a multi-pilot turbo-jet aeroplane certificated to the standards of CS-25 or equivalent airworthiness code or on a multi-pilot turbo-prop aeroplane having a maximum certificated take-off mass of not less than 10 tonnes or a certificated passenger seating configuration of more than 19 passengers, at least:

- if an FFS qualified to level CG, C or interim C is used during the course, 1 500 hours flight time or 250 route sectors;
- if an FFS qualified to level DG or D is used during the course, 500 hours flight time or 100 route sectors.

Application for the issue of a type rating with restriction to an operator is only possible after the ZFTT simulator training is completed.

If applying for the issue of a type rating with restriction to an operator prior to the LIFUS sectors, complete the section **Application for the issue of a type rating with restriction to an operator and submit the application.** Once the LIFUS sectors are completed, fill out and submit the remaining applicable parts of the application.

All the LIFUS must be completed within 6 months after the skill test.

Section 3: Additional information/remarks

Additional information/remarks relevant for the case.