



**Language Proficiency Check in German/ French/ Italian**  
Examination in an exam centre (*please send form to head of centre*)

Licence Nr.

**Applicant** : Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Native language:  English  German  French  Italian  other: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Address:** Street/ P.O. Box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Invoice and licence to be sent to  applicant  company: \_\_\_\_\_

Current licence:	
<input type="checkbox"/> Aeroplanes <input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> MPL <input type="checkbox"/> ATPL	<input type="checkbox"/> SPL
<input type="checkbox"/> Helicopters <input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL	<input type="checkbox"/> BPL
<input type="checkbox"/> incl. IFR	<input type="checkbox"/> Student Pilot <input type="checkbox"/> other: _____

Enrolment for:	
<input type="checkbox"/> Initial examination <input type="checkbox"/> Revalidation of Language Proficiency endorsement <input type="checkbox"/> Renewal of Language Proficiency endorsement <input type="checkbox"/> Repetition of failed Language Proficiency check	<b>Language to be tested:</b> <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Italian
Desired examination Date: _____ Alternative Date: _____	

Result of the Language Proficiency Check and RTF observation:			
Language Proficiency Check	Passed at level:		Failed
Part 1: Listening comprehension:	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
Part 2: Speaking ability:	Pronunciation	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
	Fluency	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
	Vocabulary	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
	Structure	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
	Comprehension	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4
	Interaction	<input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> < Level 4

**Result of Language Proficiency Check (lowest of above intermediate results):** \_\_\_\_\_

Acknowledgement of result
Location & date: _____ Applicant's signature: _____

<b>1 st Language Assessor</b> last name: _____ First name: _____ Licence no: _____ Signature: _____
<b>2 nd Language Assessor</b> last name: _____ First name: _____ Licence no: _____ Signature: _____ Location & date: _____



## Important notes

### Language proficiency check

A copy of the failed Language Proficiency Check form must be attached to the enrolment for repetition.

### RTF observation

- If RTF is **marginal**, the test taker is **recommended** to participate in an RTF Refresher course.
- If RTF is **insufficient**, the Language Proficiency check is failed. The test taker makes errors which may affect safety (for instance using ambiguous plain language instead of using standard phraseology, or using safety-critical incorrect phraseology such as “ready for take-off”).

#### Hinweis:

Innert 10 Tagen nach Zustellung des Ergebnisses vom Skill Test/Proficiency Check kann beim Bundesamt für Zivilluftfahrt, 3003 Bern, schriftlich die Ausstellung einer beschwerdefähigen Verfügung über das Prüfungsergebnis verlangt werden.

#### Remarque:

Il est possible, dans les dix jours suivant la communication du résultat du Skill Test/Proficiency Check d'obtenir, sur réquête écrite auprès de l'Office fédéral de l'aviation civile, 3003 Berne, une décision susceptible de recours portant sur le résultat dudit examen.

#### Avviso:

Entro dieci giorni dall'invio dei risultati dello Skill Test/Proficiency Check può essere richiesta per iscritto all'Ufficio federale dell'aviazione civile, 3003 Berna, una decisione impugnabile sull'esito dell'esame.

#### Remark:

Within 10 days after receipt of this skill test/proficiency check result, an appealable decision about the test / check results may be requested in writing to the Federal Office of Civil Aviation, 3003 Bern, using one of the official languages (German/French/Italian)