



TR (MPH)

Application & report form

Applicant's Licence Nr.

Applicant : Last name: _____ First name: _____ Date of birth: _____

Private address: Street/box: _____

Postal code: _____ City: _____ Country: _____

Phone mobile: _____ Phone office: _____ e-mail: _____

Employed as pilot by (company name): _____

Company address: _____

Invoice and licence to be send to: company applicant

Proficiency check	<input type="checkbox"/> revalidation	<input type="checkbox"/> 2 hours acc.FCL740.H (a)(2)
	<input type="checkbox"/> renewal	<input type="checkbox"/> Training completion certificate/training records signed by Head of Training attached <input type="checkbox"/> Training not required, confirmation signed by Head of Training attached <input type="checkbox"/> Training not required, confirmation of valid 3th country ICAO type rating,
Skill Test	<input type="checkbox"/> initial TR	<input type="checkbox"/> Training completion certificate/training records signed by Head of Training attached
	<input type="checkbox"/> ATPL	<input type="checkbox"/> Delegation issued by FOCA.

Details of check: PIC COPI Helicopter Simulator

Date: _____ Type of helicopter: _____ ID Nr/ registration: _____ Training centre: _____

Departure: _____	Destination: _____	Block-off: _____	Block-on: _____	Block time: _____	# of landings: _____
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Result: VFR passed failed (see last page) partial passed (see last page) PBN APCH*
IFR passed failed (see last page) partial passed (see last page)

*To establish or maintain PBN privileges, one approach shall be an RNP APCH. Where an RNP APCH is not practicable, it shall be performed in an appropriately equipped FSTD. By way of derogation from the subparagraph above, in cases where a proficiency check for revalidation of PBN privileges does not include an RNP APCH exercise, the PBN privileges of the pilot shall not include RNP APCH. The restriction shall be lifted if the pilot has completed a proficiency check including an RNP APCH exercise.

Remarks:

I confirm that the test/check has been carried out in full compliance with the provisions of FCL.1005, FCL.1015(c) and FCL.1030.

Examiner last name: _____ First name: _____

Examiner licence Nr.: _____ Foreign Examiner Certificate Nr.: _____

Date and place: _____ Signature of Examiner: _____

To be completed by applicant:

<p>I declare that</p> <ul style="list-style-type: none"> I do not possess a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State. I have not applied for a pilot licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State. I have never possessed any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another EASA Member State which was revoked or suspended in any other EASA Member State. the information provided is correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation or attestation, or having it revoked or cancelled. I have received the test/check result and been informed about my rights of appeal. <p>Location & date: _____ Signature of applicant: _____</p>
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ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

Version	ISS 01 REV 00 / 24.08.2020	Prepared by	SBFP / pah	Released by	SL SBFP, 08.2020
Business object	BAZL-341.301.-1	Revised by	SBFP / ane	Distribution	Internal / External



Applicant's Licence Nr.

Recommendation for the skill test/ proficiency check for renewal

ATO name: _____ Registration no: _____
Name of Head of Training: _____ Licence no: _____
Location & date: _____ Signature of Head of Training: _____

Details of conditions: instruction and flying experience before skill test

- a) Pilot licence PPL(H) CPL(H) ATPL(H)
- b) EASA Medical class 1 2 with IR (if necessary) valid until: _____
- c) IR (H) multi-engine helicopter (if applicable) valid until: _____
- d) MCC(H) course or >500h MP OPS on SP ME HEL (JAR/FAR27/29 ME) or fixed wing date/hours date / hours: _____
- e) Theoretical examination ATPL(H) passed date: _____
- f) Flight experience (MNM 70 HR PIC) hours: _____
- g) Multi-pilot helicopter experience hours: _____
- h) Theoretical examination for TR date: _____
- i) Commencement of type rating course (The applicant shall pass the skill test within a period of 6 months after commencement of the type rating training course) date: _____
- j) Flight instruction for type rating according an approved syllabus completed:
 - Helicopter landings landings: _____
 - FFS full flight simulator Level: _____ EASA ID no: _____ hours: _____
 - FTD flight training device Level: _____ EASA ID no: _____ hours: _____
 - OTD other training device Level: _____ EASA ID no: _____ hours: _____
- k) For initial issue of an ATPL(H) delegation issued by FOCA must be attached to this form

A copy of the relevant logbook pages (flight experience & FSTD pages) showing the confirmed completion of the flight instruction must be attached to this form



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Section 0. Examination of theoretical knowledge		passed	failed
Examiner initials	M	<input type="checkbox"/>	<input type="checkbox"/>

Section 1. Flight Preparation		passed	failed	n/a
1.1.	Helicopter exterior visual inspection; location of each item and purpose of inspection	M	<input type="checkbox"/>	<input type="checkbox"/> *
1.2.	Cockpit inspection	M	<input type="checkbox"/>	<input type="checkbox"/> *
1.3.	Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies	M	<input type="checkbox"/>	<input type="checkbox"/> *
1.4.	Taxiing / air taxiing in compliance with air traffic control instructions or on instructions of the examiner	M	<input type="checkbox"/>	<input type="checkbox"/> *
1.5.	Pre take-off procedures and checks	M	<input type="checkbox"/>	<input type="checkbox"/> *
* if n/a, a justification is needed under "remarks" on page one of this form				
Examiner initials				

Section 2. Flight manoeuvres and procedures		passed	failed	n/a
2.1.	Take-offs (various profiles)	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.2.	Sloping ground or crosswind take-offs & landings		<input type="checkbox"/>	<input type="checkbox"/>
2.3.	Take-offs at maximum take-off mass (actual or simulated maximum take-off mass)		<input type="checkbox"/>	<input type="checkbox"/>
2.4.	Take-offs with simulated engine failure shortly before reaching TDP or DPATO (MULTI ENGINE ONLY)	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.4.1.	Take-offs with simulated engine failure shortly after reaching TDP or DPATO (MULTI ENGINE ONLY)	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.5.	Climbing and descending turns to specified heading	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.5.1.	Turns with 30 degrees bank, 180 degrees to 360 degrees left and right, by sole reference to instruments	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.6.	Autorotative descent	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.6.1.	Autorotative landing (SEH only) or power recovery (MEH)	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.7.	Landings, various profiles	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.7.1.	Go around or landing following simulated engine failure before LDP or DPBL (MULTI ENGINE ONLY)	M	<input type="checkbox"/>	<input type="checkbox"/> *
2.7.2.	Landings following simulated engine failure after LDP or DPBL (MULTI ENGINE ONLY)	M	<input type="checkbox"/>	<input type="checkbox"/> *
* if n/a, a justification is needed under "remarks" on page one of this form				
Examiner initials				

Section 3. Normal and abnormal operations of the following systems and procedures		passed	failed	n/a
A mandatory minimum of 3 items shall be selected from this section		M		
3.1.	Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	Air conditioning (heating, ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	Pitot / static system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	Fuel system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	Electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	Hydraulic system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7.	Flight control and trim system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8.	Anti- and de-icing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9.	Autopilot / flight director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10.	Stability augmentation devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11.	Weather radar, radio altimeter, transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12.	Area navigation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13.	Landing gear system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.14.	Auxiliary power unit (APU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15.	Radio, navigation equipment, instruments, flight management system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner initials				

Section 4. Abnormal and emergency procedures		passed	failed	n/a
A mandatory minimum of 3 items shall be selected from this section		M		
4.1.	Fire drills (including evacuation if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	Smoke control and removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	Engine failures, shutdown and restart at a safe height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4.	Fuel dumping (simulated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.	Tail rotor control failure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.1.	Tail rotor loss (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6.	Intentionally blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7.	Transmission malfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8.	Other emergency procedures as outlined in the appropriate AFM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner initials				



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Section 5. Instrument flight procedures (to be performed in IMC or simulated IMC)		passed	failed	n/a
5.1.	Instrument take-off: transition to instrument flight is required as soon as possible after becoming airborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.1.	Simulated engine failure during departure	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.2.	Adherence to departure and arrival routes and ATC instructions	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.3.	Holding procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	3D operations to DH/A of 200 feet (60 m) or to higher minima if required by the approach procedure			
5.4.1.	Manually, without flight director Note: According to the AFM, RNP APCH procedures may require the use of autopilot or Flight director. The procedure to be flown manually shall be chosen taken into account such limitations (example choose an ILS for 5.4.1 in case of such AFM limitation).	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.4.2.	Manually, with flight director	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.4.3.	With coupled autopilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4.4.	Manually, with one engine simulated inoperative; engine failure has to be simulated during final approach before passing 1'000 feet above aerodrome level until touchdown or until completion of the missed approach procedure (may be combined with 5.4.1 or 5.4.2 or 5.4.3)	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.5.	2D operations down to the minimum descent altitude MDA/H	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.6.	Go-around with all engine operating on reaching DA/DH or MDA/MDH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6.1.	Other missed approach procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6.2.	Go-around with one engine simulated inoperative on reaching DA/DH or MDA/MDH	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.7.	IMC autorotation with power recovery	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
5.8.	Recovery from unusual attitudes	M <input type="checkbox"/>	<input type="checkbox"/>	* <input type="checkbox"/>
* if n/a, a justification is needed under "remarks" on page one of this form				
Examiner initials				

Section 6. Use of special equipment		passed	failed	n/a
6.1.	Use of special equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner initials				

Specific requirements for the helicopter category

In case of skill test or proficiency check for type ratings and the ATPL the applicant shall pass sections 1 to 4 and 6 (as applicable) of the skill test or proficiency check. **Failure in more than 5 items will require the applicant to take the entire test or check again.** An applicant failing not more than 5 items shall take the failed items again. Failure in any item of the retest or re-check or failure in any other items already passed will require the applicant to take the entire test or check again. All sections of the skill test or proficiency check shall be completed within 6 months.

In case of proficiency check for an IR the applicant shall pass section 5 of the proficiency check. Failure in more than 3 items will require the applicant to take the entire section 5 again. An applicant failing not more than 3 items shall take the failed items again. Failure in any item of the re-check or failure in any other items of section 5 already passed will require the applicant to take the entire check again. Contents of the type rating skill test/ proficiency check for single-engine and multi-engine single pilot helicopters (including proficiency checks for the instrument rating)

The starred items (*) shall be flown in actual or simulated IMC, only by applicants wishing to renew or revalidate an IR(H), or extend the privileges of that rating to another type.

Instrument flight procedures (section 5) shall be performed only by applicants wishing to renew or revalidate an IR(H) or extend the privileges of that rating to another type. An FFS or FTD 2/3 may be used for this purpose.

Where the letter "M" appears in the skill test or proficiency check column this will indicate the mandatory exercise.

An FSTD shall be used for practical training and testing if the FSTD forms part of a type rating course. The following considerations will apply to the course:

- (a) the qualification of the FSTD as set out Part-ARA and ORA;
- (b) the qualifications of the instructor and examiner;
- (c) the amount of FSTD training provided on the course;
- (d) the qualifications and previous experience in similar types of the pilot under training; and
- (e) the amount of supervised flying experience provided after the issue of the new type rating.

Note:

The examiner may elect to deviate from any given procedure stated in the skill test / proficiency check if, in his judgment, the outcome of a maneuver may jeopardize the safety of the aircraft or its occupants. The reasons for deviating from a mandatory maneuver shall be stated in the remarks



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This page has to be completed and signed by examiner and applicant if test/check failed or partial passed.

Failed item(s):	Remarks:	
Details of the failed/partial passed test/check:		
Location & date:	Signature of applicant:	Signature of examiner:

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 requête 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)