



TR/CR (SPA) land

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

To be completed by examiner:

Proficiency check	<input type="checkbox"/> revalidation	<input type="checkbox"/> Route sectors >= 10 or (logbook copy attached) <input type="checkbox"/> Examiner route sector (logbook copy attached) <input type="checkbox"/> combined LPC/OPC
<input type="checkbox"/> SPO <input type="checkbox"/> MPO <input type="checkbox"/> SPO and MPO	<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 3 rd country ICAO type rating
Skill Test	<input type="checkbox"/> initial TR/CR	<input type="checkbox"/> Training completion certificate/training records signed by Head of Training attached
<input type="checkbox"/> SPO <input type="checkbox"/> MPO <input type="checkbox"/> SPO and MPO		

Details of check:	<input type="checkbox"/> PIC	<input type="checkbox"/> COPI	<input type="checkbox"/> simulator	<input type="checkbox"/> aeroplane	
Date:	Type of aeroplane:	ID Nr/ registration:	Type/Class Rating:		
Departure:	Destination:	Block-off:	Block-on:	Block time:	# of landings:
_____	_____	_____	_____	_____	_____

Result:	VFR <input type="checkbox"/> passed	VFR <input type="checkbox"/> failed (see last page)	VFR <input type="checkbox"/> partial passed (see last page)	<input type="checkbox"/> PBN APCH*
	IFR <input type="checkbox"/> passed	IFR <input type="checkbox"/> failed (see last page)	IFR <input type="checkbox"/> 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:

I declare that

- 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

Date and place:Signature of applicant

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY



Licence Nr.

Recommendation for the skill test/ proficiency check for renewal

*) To fill in instructor's information if training with instructor acc. FCL.740(b)(2)(ii)

ATO/ DTO/ Instructor * name: _____ Registration nr.: _____
Name of Head of Training: _____ Licence nr.: _____
Location & date: _____ Signature of Head of Training/Instructor*: _____

Details of conditions: instruction and flying experience before skill test

- a) Pilot licence PPL(A) CPL(A) ATPL(A)
- b) EASA Medical class 2 1 IR valid until: _____
- c) Theoretical examination for TR/CR date: _____
- d) Commencement of type/ class rating course (The applicant shall pass the skill test within a period of 6 months after commencement of the type/ class rating training course) date: _____
- e) Flight instruction for class / type rating according an approved syllabus
 - A aircraft hours: _____
 - FFS full flight simulator Level: _____ EASA ID no: _____ hours: _____
 - FTD flight training device Level: _____ EASA ID no: _____ hours: _____
 - FNPT flight navigation procedure trainer Level: _____ EASA ID no: _____ :hours: _____
- f) **If instruction is done for the first MEP(A)** :
 - Flight experience as PIC(A) (MNM 70 HR) hours: _____ :
 - Dual flight instruction normal conditions (MNM 2:30 HR) hours: _____
 - Dual flight instruction in engine failure procedures/asymmetric flight (MNM 3.30 HR) hours: _____
- g) **Additionally for the first High Performance Aircraft**
 - Flight experience as PIC(A) (MNM 200 HR) hours: _____
 - ATPL theory passed or date: _____
 - HPA course Part VFR completed date: _____
 - Part IFR completed date: _____
- h) **For holders of an IR SEP(A) to obtain IR MEP(A)**
 - Flight instruction in IR in MEP (MNM 5 HR) hours: _____
 - of which in FFS or FNPTII (MAX 3 HR) hours: _____
- i) **Additionally for the first class or type rating in MPO**
 - MCC(A) date: _____
 - Advanced UPRT date: _____

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. Departure		passed	failed	n/a
1.1.	Pre-flight including: Documentation, mass and balance, weather briefing, NOTAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	Pre-start checks, external/internal	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.3.	Engine starting: Normal Malfunctions	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.4.	Taxiing	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.5.	Pre-departure checks: Engine run-up (if applicable)	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.6.	Take - off procedure: Normal with Flight Manual flap settings Crosswind (if conditions available)	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.7.	Climbing: Vx/Vy Turns onto headings Level off	M	<input type="checkbox"/>	* <input type="checkbox"/>
1.8.	ATC liaison - Compliance, R/T procedures	<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 2. Airwork (VMC)		passed	failed	n/a
2.1.	Straight and level flight at various airspeeds including flight at critically low airspeed with and without flaps. (including approach to VMCA when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	Steep turns (360° left and right at 45° bank)	M	<input type="checkbox"/>	* <input type="checkbox"/>
2.3.	Stalls and recovery: i) clean stall ii) Approach to stall in descending turn with bank with approach configuration and power iii) Approach to stall in landing configuration and power iv) Approach to stall, climbing turn with take-off flap and climb power (single engine aeroplane only)	M	<input type="checkbox"/>	* <input type="checkbox"/>
2.4.	Handling using autopilot and flight director (may be conducted in section 3), if applicable	M	<input type="checkbox"/>	* <input type="checkbox"/>
2.5.	ATC liaison - Compliance, R/T procedures	<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 3 A. Enroute procedures VFR		passed	failed	n/a
3A.1	Flight plan, dead reckoning and map reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A.2	Maintenance of altitude, heading and speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A.3	Orientation, timing and revision of ETAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A.4	Use of radio navigation aids (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A.5	Flight management (flight log, routine checks including fuel, systems and icing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A.6	ATC liaison - Compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: section 3A shall be completed to revalidate a type or multi-engine class rating, VFR only, when the required experience of 10 route sectors within the previous 12 months has not been completed.				
Examiner initials				

Section 3 B. Instrument flight		passed	failed	n/a
3B.1.	(*) Departure IFR	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.2.	(*) Enroute IFR	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.3.	(*) Holding Procedures	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.4.	(*) 3D operations to DH/A of 200 ft or to higher minima if required by the approach procedure (autopilot may be used to the final approach segment vertical path intercept)	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.5.	(*) 2D CDFA operations to DA/MDA	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.6.	(*) Flight exercises including simulated failure of the compass and attitude indicator: Rate 1 turns Recovery from unusual attitudes	M	<input type="checkbox"/>	* <input type="checkbox"/>
3B.7.	(*) Failure of localizer or glideslope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B.8.	ATC liaison - Compliance - R/T procedures	<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 4. Arrival and landings		passed	failed	n/a
4.1.	Aerodrome arrival procedure	M	<input type="checkbox"/>	* <input type="checkbox"/>
4.2.	Normal landing	M	<input type="checkbox"/>	* <input type="checkbox"/>
4.3.	Flapless landing	M	<input type="checkbox"/>	* <input type="checkbox"/>
4.4.	Crosswind landing (if suitable conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5.	Approach and landing with idle power from up to 2000' above the runway (single engine aeroplane only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6.	Go-around from minimum height	M	<input type="checkbox"/>	* <input type="checkbox"/>
4.7.	Night go-around and landing (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8.	ATC liaison - Compliance - R/T procedures	<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				



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Section 5. Abnormal & emergency procedures		passed	failed	n/a
This section may be combined with Sections 1 to 4				
5.1.	Rejected take-off [at reasonable speed]	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
5.2.	Simulated engine failure after take-off (single engine aeroplanes only)	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
5.3.	Simulated forced landing without power (single engine aeroplanes only)	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
5.4.	Simulated emergencies: (i) Fire or smoke in flight (ii) Systems malfunctions as appropriate		<input type="checkbox"/>	<input type="checkbox"/>
5.5.	Engine shutdown and restart (ME skill test only)		<input type="checkbox"/>	<input type="checkbox"/>
5.6.	ATC liaison - Compliance - R/T procedures		<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. Simulated asymmetric flight		passed	failed	n/a
This section may be combined with Sections 1 to 5				
6.1.	(*) Simulated engine failure during take-off (at a safe altitude unless carried out in FS or FNPT II)	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
6.2.	(*) Asymmetric approach and go-around procedure	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
6.3.	(*) Asymmetric approach and full stop landing	M	<input type="checkbox"/>	<input type="checkbox"/> * <input type="checkbox"/>
6.4.	ATC liaison - Compliance - R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>
* if n/a, a justification is needed under "remarks" on page one of this form				
Examiner initials				

The starred (*) items shall be flown solely by reference to instruments or the rating will be restricted to VFR only

MPO to SPO extension only (shall be flown as an additional SP flight)		passed	failed	n/a
1.6		M	<input type="checkbox"/>	<input type="checkbox"/>
4.5 for SE aeroplane only		M	<input type="checkbox"/>	<input type="checkbox"/>
4.6 for SE aeroplane only		M	<input type="checkbox"/>	<input type="checkbox"/>
5.2 for SE aeroplane only		M	<input type="checkbox"/>	<input type="checkbox"/>
Section 6 for ME aeroplane only		M	<input type="checkbox"/>	<input type="checkbox"/>
One APCH from section 3B		M	<input type="checkbox"/>	<input type="checkbox"/>
Examiner initials				

Detail of SP flight		Departure:	Destination:
Block-off:	Block-on:	Block time:	# of landings:

