



UL(G)

Application & report form

Applicant's EASA Licence Nr.

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

Address: Street/box: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ e-mail: _____

Applicants for a pilot license or a rating must have a contact address in Switzerland, any change of a contact address, has to be notified to FOCA.

- Initial
- Repetition of failed/partial passed prof. check/skill test, from date: _____
- Recency proficiency check

To be completed by examiner:

Details of check:					
Date:	Variant of gyrocopter:	Registration:	Propulsion:		
Departure:	Destination:	Block-off:	Block-on:	Block time:	# of landings:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Result:	<input type="checkbox"/> passed	<input type="checkbox"/> failed (see last page)	<input type="checkbox"/> partial passed (see last page)
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Remarks:

<i>I confirm that the test/check has been carried out in full compliance with the provisions of VABFP 748.222.1 Annex 3.</i>	
Last name:	First name:
Swiss examiner licence Nr.:	
Date and place:	Signature of Examiner:

To be completed by applicant:

I declare that the information provided is correct. I am aware of the consequences of providing false information, such as being denied a licence, certificate, rating, authorisation or attestation, or having it revoked or cancelled.	
Date and place:	Signature of applicant

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY



Licence Nr.

Recommendation for the skill test*

ATO/ DTO name: _____ Registration nr.: _____

Name of Head of Training: _____ Licence nr.: _____

Location & date: _____ Signature of Head of Training: _____

**Holders of a foreign ultralight licence with gyrocopter privileges do not need a flight school during the transition period from 01.03.2021 to 31.08.2021.*

Details of conditions: instruction and flying experience before UL(G) skill test

- | | | | |
|--|------------------------------------|-------------------------------------|-----------------------------------|
| a) EASA licence LAPL/PPL/CPL/ATPL | <input type="checkbox"/> Aeroplane | <input type="checkbox"/> Helicopter | |
| b) Enclose copy of passport (not required for Swiss licence holders) | | | |
| c) EASA Medical class | <input type="checkbox"/> LAPL | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| d) VFR radiotelephony practical test passed | | | valid until: _____
date: _____ |
| e) Language proficiency check MNM level 4 passed (if applicable) | | | valid until: _____
date: _____ |
| f) Dual instruction | | | date: _____ |
| - holders of a helicopter licence | | | (MNM 5 HR) hours: _____ |
| - holders of a aeroplane licence | | | (MNM 10 HR) hours: _____ |

A copy of the relevant logbook pages showing the confirmed completion of the flight instruction must be attached to this form



Licence Nr.

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

Section 1. Pre-flight/post-flight checks and procedures		passed	failed	n/a
a.	Gyro exterior visual inspection; location of each item and purpose of inspection	M	<input type="checkbox"/>	<input type="checkbox"/>
b.	Cockpit inspection	M	<input type="checkbox"/>	<input type="checkbox"/>
c.	Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies	M	<input type="checkbox"/>	<input type="checkbox"/>
d.	Taxiing in compliance with air traffic control instructions or on instructions of the examiner	M	<input type="checkbox"/>	<input type="checkbox"/>
e.	Pre take-off procedures and checks	M	<input type="checkbox"/>	<input type="checkbox"/>
f.	Pre-rotation	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
a.	Take-offs	M	<input type="checkbox"/>	<input type="checkbox"/>
b.	Crosswind take-offs & landings		<input type="checkbox"/>	<input type="checkbox"/>
c.	Take-offs at maximum take-off mass (actual or simulated maximum take-off mass)		<input type="checkbox"/>	<input type="checkbox"/>
d.	Take-offs with simulated engine failure shortly before reaching 150 ft AGL	M	<input type="checkbox"/>	<input type="checkbox"/>
e.	Take-offs with simulated engine failure shortly after reaching 150 ft AGL	M	<input type="checkbox"/>	<input type="checkbox"/>
f.	Climbing and descending turns to specified heading	M	<input type="checkbox"/>	<input type="checkbox"/>
g.	Power off landing	M	<input type="checkbox"/>	<input type="checkbox"/>
h.	Power off landing 180° or 360° turns	M	<input type="checkbox"/>	<input type="checkbox"/>
i.	Power off outside landing or low go around	M	<input type="checkbox"/>	<input type="checkbox"/>
j.	Landings, various profiles	M	<input type="checkbox"/>	<input type="checkbox"/>
k.	Speed recuction to minimum speed (0 kt, min. 500 ft AGL)	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 minimum of 3 items shall be selected from this section					
a.	Engine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Heating, ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Pitot / static system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Fuel system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Electrical system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Flight control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Pre-rotation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Transponder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Navigation system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Landing gear system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Rotor brake		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Radio, navigation equipment, instruments		<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. Abnormal and emergency procedures			passed	failed	n/a
A minimum of 3 items shall be selected from this section					
a.	Fire drills (including evacuation if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Smoke control and removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Engine failures, shutdown and restart at a safe height		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Trim failure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Control failure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Other emergency procedures as outlined in the appropriate AFM		<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 5. Use of special equipment			passed	failed	n/a
a.	Use of special equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:

In the case of skill test or proficiency check, applicants shall pass Sections 1 to 4 and 5 (as applicable) of the skill test or proficiency check. Failure in more than five items will require applicants to repeat the entire test or check. Applicants failing not more than five items shall repeat the failed items. Failure in any item in the case of a retest or a recheck or failure in any other items already passed will require the applicants to repeat the entire test or check again. All sections of the skill test or proficiency check shall be completed within 6 months.



Licence Nr.

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

Failed item:	Remarks:	
Details of the failed or partial passed test:		
Date and Place	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 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)