



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: _____

Signature of applicant:

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"/> Helicopters <input type="checkbox"/> LAPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> incl. IFR	<input type="checkbox"/> SPL <input type="checkbox"/> BPL <input type="checkbox"/> Student Pilot <input type="checkbox"/> other: _____
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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	Language to be tested: <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Italian
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Desired examination Date: _____ Alternative Date: _____

Result of the Language Proficiency Check and RTF observation:

Language Proficiency Check	Passed at level:	Failed	Acknowledgement of result Applicant's signature: _____
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): _____

1 st Language Assessor last name: _____ First name: _____
 Licence no: _____ Signature: _____

2 nd Language Assessor 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)