



**Request for check on non-complex helicopter with certified seat configuration exceeding five seats,  
or on complex helicopter**

**Examiner** : Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Licence Nr: \_\_\_\_\_ Issuing Authority \_\_\_\_\_  
Examiner Authorisation Nr: \_\_\_\_\_ ☐ FE(H) ☐ TRE(H) valid until: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I hereby request to conduct a planned skill test or proficiency check on the helicopter according to FCL Appendix 9 (A)(1) justified by the non-availability and/or accessibility of the FSTD**

Helicopter type and variant: \_\_\_\_\_ Registration: \_\_\_\_\_ Type of test/check: \_\_\_\_\_

**Justification** (refer to GM/INFO Examination Guide Chapter 1.22 for details):

☐ The FSTD is not available: ☐ permanently ☐ occasionally

Reason: \_\_\_\_\_

☐ The FSTD is not accessible: ☐ permanently ☐ occasionally

Reason: \_\_\_\_\_

☐ The check is conducted according to the AOC/NCC holder approved OM D

(Attach approval if the AOC/NCC holder is not certified by FOCA)

**Risk Assessment and Mitigation**

Note: only list mandatory items **(M)** where a risk has been identified according to Chapt.1.22

Form reference: (example: FOCA 61.525) \_\_\_\_\_

Item No	Item Title	Risk Assessment	Risk Mitigation	Remark
Example for reference				
2.6.1	Autorotative descent	Risk of loss of control / hard landing	Autorotative landing only on a hard surface and no wind	If not possible, a power recovery will be performed

Examiner signature: \_\_\_\_\_ date: \_\_\_\_\_ place: \_\_\_\_\_

FOCA internal use only:

Inspector Name: \_\_\_\_\_ date: \_\_\_\_\_ place: \_\_\_\_\_

Check on Aircraft as proposed accepted ☐ yes ☐ no visum: \_\_\_\_\_

Valid until: \_\_\_\_\_

**ADMINISTRATIVE INFORMATION – FOR FOCA ONLY**