

CAA approval No.*: _____

APPLICATION AND REPORT FORM (according to AMC1 to Appendix 9) ATPL, TYPE RATING, TRAINING, SKILL TEST AND PROFICIENCY CHECK HELICOPTERS (H)			
Applicant's last name(s):		Aircraft type:	SE-SP: H <input type="checkbox"/> ME-SP: H <input type="checkbox"/>
Applicants first name(s):		Operations:	SE-MP: H <input type="checkbox"/> ME-MP: H <input type="checkbox"/>
Signature of applicant:		Checklist:	SP <input type="checkbox"/> MP <input type="checkbox"/> PIC <input type="checkbox"/> CP <input type="checkbox"/> other <input type="checkbox"/>
Type of licence held:		Training record: <input type="checkbox"/>	Type rating: <input type="checkbox"/>
Licence number:		Skill test: <input type="checkbox"/>	
State of licence issue:		Proficiency check: <input type="checkbox"/>	
		IR: <input type="checkbox"/>	ATPL: <input type="checkbox"/>
1. Theoretical Training for the issue of a type rating performed during period			
From:		To:	At:
Mark obtained:		% (Pass mark 75%):	Type and number of licence:
Signature of HT:		Name(s) in capital letters:	
2. FSTD			
FSTD (aircraft type):		Three or more axes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Ready for service and used:
FSTD manufacturer:		Motion or system:	Visual aid: YES <input type="checkbox"/> NO <input type="checkbox"/>
FSTD operator:		FSTD ID code:	
Total Training time at the controls:		Instrument approaches at aerodromes to a decision altitude or height of:	
Location, date and time:		Type and number of licence:	
Type rating instructor <input type="checkbox"/>	 instructor <input type="checkbox"/>	
Signature of instructor:		Name(s) in capital letters:	
3. Flight training: in the aircraft <input type="checkbox"/> in the FSTD (for ZFTT) <input type="checkbox"/>			
Type of aircraft:	Registration:	Flight time at the controls:	
Take-offs:	Landings:	Training aerodromes or sites (take-offs, approaches and landings):	
Take-off time:	Landing time:		
Location and date:	Type and number of licence held:		
Type rating instructor <input type="checkbox"/>			
Signature of instructor:		Name(s) in capital letters:	
4. Skill test <input type="checkbox"/> Proficiency check <input type="checkbox"/>			
Skill test and proficiency check details:			
Aerodrome or site:		Total flight time:	
Take-off time:		Landing time:	
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Partial Pass <input type="checkbox"/>	Reason(s) why, if failed:
Location and date:		SIM or aircraft registration:	
Examiner's certificate number (if applicable):		Type and number of licence:	
Signature of examiner:		Name(s) in capital letters:	

* in case of skill test

Specific requirements for the helicopter category

(according to Part-FCL Appendix 9 C.)

Applicant's name(s): _____

Applicants for the skill test for the issue of the multi-pilot helicopter type rating and ATPL(H) shall take only sections 1 to 4 and, if applicable, section 6.

Applicants for the revalidation or renewal of the multi-pilot helicopter type rating proficiency check shall take only sections 1 to 4 and, if applicable, section 6.

SINGLE / MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING			SKILL TEST OR PROFICIENCY CHECK	
	FSTD	H	Instructor initials when training completed	Checked in FSTD or H	Examiner initials when test completed
Manoeuvres / Procedures					
SECTION 1 - Preflight preparations and checks					
1.1. Helicopter exterior visual inspection; location of each item and purpose of inspection		P		M (if performed in the helicopter)	
1.2. Cockpit inspection	P	→		M	
1.3. Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies	P	→		M	
1.4. Taxiing/air taxiing in compliance with ATC instructions or with instructions of an instructor	P	→		M	
1.5. Pre-take-off procedures and checks	P	→		M	
SECTION 2 - Flight manoeuvres and procedures					
2.1. Take-offs (various profiles)	P	→		M	
2.2. Sloping ground or crosswind take-offs & landings	P	→			
2.3. Take-off at maximum take-off mass (actual or simulated maximum take-off mass)	P	→			
2.4. Take-off with simulated engine failure shortly before reaching TDP or DPATO	P	→		M	
2.4.1. Take-off with simulated engine failure shortly after reaching TDP or DPATO	P	→		M	
2.5. Climbing and descending turns to specified headings	P	→		M	
2.5.1. Turns with 30° bank, 180° to 360° left and right, by sole reference to instruments	P	→		M	
2.6. Autorotative descent	P	→		M	
2.6.1. For single-engine helicopters (SEH): - autorotative landing; or - power recovery, provided that applicants, in the preceding year, completed training that included an autorotative landing and that training was entered and signed in the applicants' logbook by the instructor. For multi-engine helicopters (MEH): power recovery.	P	→		M	
2.7. Landings, various profiles	P	→		M	
2.7.1. Go-around or landing following simulated engine failure before LDP or DPBL	P	→		M	
2.7.2. Landing following simulated engine failure after LDP or DPBL	P	→		M	

Specific requirements for the helicopter category

(according to Part-FCL Appendix 9 C.)

Applicant's name(s): _____

SECTION 3 - Normal and abnormal operations of the following systems and procedures					
3. Normal and abnormal operations of the following systems and procedures:				M	A mandatory minimum of three items shall be selected from this section
3.1. Engine	P	->			
3.2. Air conditioning (heating, ventilation)	P	->			
3.3. Pitot/static system	P	->			
3.4. Fuel System	P	->			
3.5. Electrical system	P	->			
3.6. Hydraulic system	P	->			
3.7. Flight control and Trim- system	P	->			
3.8. Anti-icing / de-icing system	P	->			
3.9. Autopilot/Flight director	P	->			
3.10. Stability augmentation devices	P	->			
3.11. Weather radar, radio altimeter, transponder	P	->			
3.12. Area Navigation System	P	->			
3.13. Landing gear system	P	->			
3.14. APU	P	->			
3.15. Radio, navigation equipment, instruments and FMS	P	->			
SECTION 4 - Abnormal and emergency procedures					
4. Abnormal and emergency procedures				M	A mandatory minimum of three items shall be selected from this section
4.1. Fire drills (including evacuation if applicable)	P	->			
4.2. Smoke control and removal	P	->			
4.3. Engine failures, shutdown and restart at a safe height	P	->			
4.4. Fuel dumping (simulated)	P	->			
4.5. Tail rotor control failure (if applicable)	P	->			
4.5.1. Tail rotor loss (if applicable)	P	A helicopter shall not be used for this exercise			
4.6. Incapacitation of crew member — MPH only	P	->			
4.7. Transmission malfunctions	P	->			
4.8. Other emergency procedures as outlined in the appropriate Flight Manual	P	->			
SECTION 5 - Instrument flight procedures (to be performed in IMC or simulated IMC)					
5.1. Instrument take-off: transition to instrument flight is required as soon as possible after becoming airborne	P*	->*			
5.1.1. Simulated engine failure during departure	P*	->*		M*	
5.2. Adherence to departure and arrival routes and ATC instructions	P*	->*		M*	
5.3. Holding procedures	P*	->*			

Specific requirements for the helicopter category

(according to Part-FCL Appendix 9 C.)

Applicant's name(s): _____

5.4. 3D operations to DH/A of 200 feet (60 m) or to higher minima if required by the approach procedure	P*	→*			
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 into account such limitations (example choose an ILS for 5.4.1 in case of such AFM limitation).	P*	→*		M*	(unless Exercise 5.4.2 is completed)
5.4.2. Manually, with flight director	P*	→*		M*	(unless Exercise 5.4.1 is completed)
5.4.3. With coupled autopilot	P*	→*			
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	P*	→*		M*	
5.5. 2D operations down to the minimum descent altitude MDA/H	P*	→*		M*	
5.6. Go-around with all engines operating on reaching DA/H or MDA/MDH	P*	→*			
5.6.1. Other missed approach procedures	P*	→*			
5.6.2. Go-around with one engine simulated inoperative on reaching DA/DH or MDA/MDH	P*	→*		M*	
5.7. IMC autorotation with power recovery	P*	→*		M*	
5.8. Recovery from unusual attitudes	P*	→*		M*	
SECTION 6 - Use of optional equipment					
6. Use of optional equipment	P	→			

The following symbols mean

P = Trained as PIC for the issue of a type rating for single-pilot helicopters (SPH) or trained as PIC or Co-pilot and as PF and PM for the issue of a type rating for multi pilot helicopters (MPH).

The practical training shall be conducted at least at the training equipment level shown as (P), or may be conducted up to any higher equipment level shown by the arrow (→).

The following abbreviations are used to indicate the training equipment used:

FFS = Full flight simulator
FTD = flight training device
H = Helicopter

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 an 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.

COMPLETED BY EXAMINER			
FCL.1030(a)(1) I have ensured that communication with the applicant can be established without language barriers.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) I have informed the applicant of the result of the test.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1), In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.		N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FCL.1030(b)(2) in the event of a pass in a proficiency check for revalidation or renewal I endorsed the applicant's licence with the new expiry date of the rating.	Expiry date of current rating:	New rating valid until:	
According to FCL.1030(b)(3) I have provided the applicant with a signed report of the skill test or proficiency check.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate			
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .		YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:			
_____ <i>Examiner's Name, Surname / Date / Signature</i>			

COMPLETED BY APPLICANT	
I confirm that I understand and agree with all the above mentioned information and have no objections. In the event of a partial pass or fail: I agree <input type="checkbox"/> / disagree <input type="checkbox"/> / N/A <input type="checkbox"/> for re-examination with the same examiner	
_____ <i>Applicant's Name, Surname / Date / Signature</i>	