

**APPLICATION AND REPORT FORM FOR THE BPL HOT-AIR AIRSHIP
 EXTENSION/COMMERCIAL OPERATIONS SKILL TEST OR PROFICIENCY
 CHECK**

<i>Tick as applicable</i>	I hereby apply for the issue of the following in accordance with Annex III (Part BFCL) to Regulation (EU) 2018/395: <input type="checkbox"/> BPL hot-air airship extension <input type="checkbox"/> Commercial operation rating CAA approval No.: _____
	I hereby apply for the issue of the following in accordance with Annex III (Part BFCL) to Regulation (EU) 2018/395: <input type="checkbox"/> Proficiency check (BPL- recency) <input type="checkbox"/> Proficiency check (commercial operation rating)

1 APPLICANT'S PERSONAL PARTICULARS:

Applicant's last name(s):		First name(s):	
Date of birth:	Telephone:	E-mail:	
Address:		Country:	
Date:	Signature:		

2 LICENCE DETAILS:

Licence number (if applicable):	
Class extension(s): <i>(tick as applicable)</i>	<input type="checkbox"/> Hot-air balloons/Groups: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Gas balloons

3 DETAILS OF THE SKILL TEST/PROFICIENCY CHECK FLIGHT

Date:	Class/group of balloon:	Registration:	
<u>Take-off site:</u>	<u>Take-off time:</u>	<u>Landing time:</u>	<u>Flight time:</u>
Total flight time:			

4 RESULT OF THE TEST OF CHECK

Skill test/proficiency check details (including information on oral theoretical knowledge examination, where applicable):		
<input type="checkbox"/> Passed	<input type="checkbox"/> Partially passed	<input type="checkbox"/> Failed

5 REMARKS

Reasons and details in case of fail or partial pass/other remarks as necessary:

6 EXAMINER'S DECLARATIONS AND DETAILS		
<i>I, the undersigning examiner:</i>	YES	NO
BFCL.410 (a)(1) have ensured that communication with applicant can be established without language barriers.	<input type="checkbox"/>	<input type="checkbox"/>
BFCL.410 (a)(2) have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part BFCL) to Regulation (EU) 2018/395.	<input type="checkbox"/>	<input type="checkbox"/>
BFCL.410 (a)(3) have made applicant aware of the consequences of providing incomplete, inaccurate or false information related to his or her training and flight experience.	<input type="checkbox"/>	<input type="checkbox"/>
BFCL.410 (b)(3)(iv) where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate and are contained in version _____ of the Examiner Differences Document .	<input type="checkbox"/>	<input type="checkbox"/>
Examiner's certificate number:	Examiners BPL number:	
Examiner's name (capital letters):	Date and examiner's signature:	

Applicant's first, last name(s): _____

SECTION 1 - PRE-FLIGHT OPERATIONS, INFLATATION AND TAKE-OFF			
Note:	Use of checklist(s), airmanship, control of hot-air airship by external visual reference, look-out procedures, etc. apply in all sections.	Passed	Failed
a	Pre-flight documentation (licence, medical certificate, permits to take off, insurance certificate, aeronautical charts, aircraft flight manual (AFM), logbook, technical logbook, checklists, etc.), flight planning, NOTAM(s) and weather briefing, <i>knowledge of Part-BOP</i>	<input type="checkbox"/>	<input type="checkbox"/>
b	Hot-air airship inspection and servicing, <i>minimum equipment list (MEL)</i>	<input type="checkbox"/>	<input type="checkbox"/>
c	Suitability of launch site	<input type="checkbox"/>	<input type="checkbox"/>
d	Load calculation	<input type="checkbox"/>	<input type="checkbox"/>
e	Crowd control, crew and passenger briefings	<input type="checkbox"/>	<input type="checkbox"/>
f	Assembly and layout	<input type="checkbox"/>	<input type="checkbox"/>
g	Inflation and pre-take-off procedures, <i>including passenger involvement and briefing</i>	<input type="checkbox"/>	<input type="checkbox"/>
h	Take-off	<input type="checkbox"/>	<input type="checkbox"/>
i	ATC compliance (if applicable), <i>operation of radio and/or transponder (including emergency procedures)</i>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 - GENERAL AIRWORK		Passed	Failed
a	Climb to level flight	<input type="checkbox"/>	<input type="checkbox"/>
b	Level flight	<input type="checkbox"/>	<input type="checkbox"/>
c	Turns	<input type="checkbox"/>	<input type="checkbox"/>
d	Stationary flight	<input type="checkbox"/>	<input type="checkbox"/>
e	Descent to level flight	<input type="checkbox"/>	<input type="checkbox"/>
f	Operating at low level	<input type="checkbox"/>	<input type="checkbox"/>
g	ATC compliance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Italic additionally for commercial operation rating

Applicant's first, last name(s): _____

SECTION 3 - EN-ROUTE PROCEDURES		Passed	Failed
a	Dead reckoning and map reading	<input type="checkbox"/>	<input type="checkbox"/>
b	Marking positions and time	<input type="checkbox"/>	<input type="checkbox"/>
c	Orientation and airspace structure	<input type="checkbox"/>	<input type="checkbox"/>
d	Plotting and steering expected track	<input type="checkbox"/>	<input type="checkbox"/>
e	Maintenance of altitude	<input type="checkbox"/>	<input type="checkbox"/>
f	Fuel management	<input type="checkbox"/>	<input type="checkbox"/>
g	Pressure and engine parameter checks	<input type="checkbox"/>	<input type="checkbox"/>
h	Communication with ground crew	<input type="checkbox"/>	<input type="checkbox"/>
i	ATC compliance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 - APPROACH AND LANDING PROCEDURES		Passed	Failed
a	Approach, missed approach and go-around	<input type="checkbox"/>	<input type="checkbox"/>
b	Pre-landing checks	<input type="checkbox"/>	<input type="checkbox"/>
c	Selection of landing field	<input type="checkbox"/>	<input type="checkbox"/>
d	Landing and deflation	<input type="checkbox"/>	<input type="checkbox"/>
e	ATC compliance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
f	Actions after flight (recording of the flight, closing flight plan (if applicable), briefing passengers for packing hot-air airship, contact landowner)	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 5 - ABNORMAL AND EMERGENCY PROCEDURES		Passed	Failed
This section may be combined with Sections 1 through 4.			
a	Simulated fire on the ground and in the air	<input type="checkbox"/>	<input type="checkbox"/>
b	Simulated pilot light, burner and engine failures	<input type="checkbox"/>	<input type="checkbox"/>
c	Approach with simulated engine failure, missed approach and go-around	<input type="checkbox"/>	<input type="checkbox"/>
d	Simulated passenger health problems	<input type="checkbox"/>	<input type="checkbox"/>
e	Other abnormal and emergency procedures as outlined un the appropriate flight manual	<input type="checkbox"/>	<input type="checkbox"/>
f	Oral questions	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETED BY EXAMINER	YES	NO
BFCL.410 (b)(1) I have informed the applicant of the result of skill test or proficiency check.	<input type="checkbox"/>	<input type="checkbox"/>
BFCL.410 (b)(3) I have provided the applicant with a signed report of the skill test or proficiency check.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail or partial pass.	<input type="checkbox"/>	<input type="checkbox"/>
In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate <i>I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Any comment on, or disagreement with an examiner's test or check evaluation or assessment made during a debriefing:
<hr style="width: 50%; margin: 0 auto;"/> Examiner's name, surname / Date / Signature

COMPLETED BY APPLICANT
<i>I confirm that I understand and agree with all the information mentioned above and have no objections.</i>
<i>In the event of partial pass or fail:</i> <input type="checkbox"/> <i>I agree</i> / <input type="checkbox"/> <i>I disagree</i> / <input type="checkbox"/> <i>N/A for re-examination with the same examiner.</i>
<hr style="width: 50%; margin: 0 auto;"/> Applicant's name, surname / Date / Signature