

CAA Permission No.: _____

APPLICATION AND REPORT FORM (according to AMC1 of Appendix 7)			
SKILL TEST FOR THE ISSUE OF IR			
Applicant's last name(s):			
Applicant's first name(s):			
Signature of applicant:			
Type of licence*:			
Licence number*:			
State:			
IR: As <input type="checkbox"/>			
1. Details of the flight			
Group, class, type of aircraft:		Registration:	
Aerodrome or site:	Take-off time:	Landing time:	Flight time:
Total flight time:			
2. Result of the test			
Skill test details:			
Pass <input type="checkbox"/>		Fail <input type="checkbox"/>	
		Partial pass <input type="checkbox"/>	
3. Remarks			
Location and date:			
Examiner's certificate number*:		Type and number of licence:	
Signature of examiner:		Name(s) in capital letters:	

* if applicable

Contents of the skill test for the issue of an IR - Airships (according to Part-FCL Appendix 7.)

Circle **O** when item passed

Cross **X** when item failed

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

SECTION 1 – PRE-FLIGHT OPERATIONS AND DEPARTURE	
Use of checklist, airmanship, ATC liaison compliance, R/T procedures, apply in all sections	
a	Use of flight manual (or equivalent) especially a/c performance calculation, mass and balance
b	Use of Air Traffic Services document, weather document
c	Preparation of ATC flight plan, IFR flight plan/log
d	Pre-flight inspection
e	Weather minima
f	Pre-take-off briefing, off mast procedure, manoeuvring on ground
g	Take-off
h	Transition to instrument flight
i	Instrument departure procedures, altimeter setting
j	ATC liaison- compliance, R/T procedures
SECTION 2 – GENERAL HANDLING	
a	Control of the airship by reference solely to instruments
b	Climbing and descending turns with sustained rate of turn
c	Recoveries from unusual attitudes
d	Limited panel
SECTION 3 – EN-ROUTE IFR PROCEDURES	
a	Tracking, including interception, e.g. NDB, VOR, RNAV
b	Use of radio aids
c	Level flight, control of heading, altitude and airspeed, power setting, trim technique
d	Altimeter settings
e	Timing and revision of ETAs
f	Monitoring of flight progress, flight log, fuel usage, systems' management
g	ATC liaison — compliance, R/T procedures
SECTION 4 – PRECISION APPROACH PROCEDURES	
a	Setting and checking of navigational aids, identification of facilities
b	Arrival procedures, altimeter checks
c	Approach and landing briefing , including descent/approach/landing checks
d(+)	Holding procedure
e	Compliance with published approach procedure
f	Approach timing
g	Stabilised approach (altitude, speed and heading control)
h(+)	Go-around action
i(+)	Missed approach procedure/landing
j	ATC liaison — compliance, R/T procedures

Contents of the skill test for the issue of an IR - Airships (according to Part-FCL Appendix 7.)

Circle **O** when item passed

Cross **X** when item failed

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

SECTION 5 – NON-PRECISION APPROACH PROCEDURES	
a	Setting and checking of navigational aids, identification of facilities
b	Arrival procedures, altimeter checks
c	Approach and landing briefing , including descent/approach/landing checks
d(+)	Holding procedure
e	Compliance with published approach procedure
f	Approach timing
g	Stabilised approach (altitude, speed and heading control)
h(+)	Go-around action
i(+)	Missed approach procedure/landing
j	ATC liaison — compliance, R/T procedures
SECTION 6 – FLIGHT WITH ONE ENGINE INOPERATIVE	
This section may be combined with sections 1 through 5. The test shall have regard to control of the airship, identification of the failed engine, immediate actions, follow-up actions, checks and flying accuracy in the following situations:	
a	Simulated engine failure after take-off or on go-around
b	Approach and procedural go-around with one engine inoperative
c	Approach and landing, missed approach procedure, with one engine inoperative
d	ATC liaison- compliance, R/T procedures

(*) May be performed in either Section 4 or Section 5

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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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:		

Examiner's Name, Surname / Date / Signature		

COMPLETED BY APPLICANT
I understand and agree with all above mentioned information and have no objections. In the event of a partial pass or fail: I <input type="checkbox"/> agree/ <input type="checkbox"/> disagree for re-examination with the same examiner.

Applicant's Name, Surname / Date / Signature