

CAA Permission No.: _____

APPLICATION AND REPORT FORM (according to AMC1 of Appendix 7)			
SKILL TEST FOR THE ISSUE OF LAPL			
Applicant's last name(s):			LAPL: H <input type="checkbox"/>
Applicant's first name(s):			
Signature of applicant:			
Type of licence*:			
Licence number*:			
State:			
1. Details of the flight			
Group, 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 a LAPL(H) - Helicopters (according to AMC2 FCL.125(e))

Circle **O** when item passed

Cross **X** when item failed

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

SECTION 1 – PRE-FLIGHT OR POST-FLIGHT CHECKS AND PROCEDURES	
Use of checklist, airmanship, control of helicopter by external visual reference, anti-icing/de-icing procedures, etc., apply in all sections	
a	Helicopter knowledge (for example technical log, fuel, mass and balance, performance), flight planning, NOTAM, and weather briefing
b	Pre-flight inspection or action, location of parts and purpose
c	Cockpit inspection, starting procedure
d	Communication and navigation equipment checks, selecting and setting frequencies
e	Pre-take-off procedure and ATC liaison
f	Parking, shutdown and post-flight procedure
SECTION 2 – HOVER MANOEUVRES, ADVANCED HANDLING AND CONFINED AREAS	
a	Take-off and landing (lift off and touch down)
b	Taxi and hover taxi
c	Stationary hover with head, cross and tail wind
d	Stationary hover turns, 360° left and right (spot turns)
e	Forward, sideways and backwards hover manoeuvring
f	Simulated engine failure from the hover
g	Quick stops into and downwind
h	Sloping ground or unprepared sites landing and take-offs
i	Take-offs (various profiles)
j	Crosswind and downwind take-off (if practicable)
k	Take-off at maximum take-off mass (actual or simulated)
l	Approaches (various profiles)
m	Limited power take-off and landing
n	Autorotations (FE to select two items form the following: basic, range, low speed, and 360° turns)
o	Autorotative landing
p	Practice forced landing with power recovery
q	Power checks, reconnaissance technique, approach and departure technique
SECTION 3 – NAVIGATION AND EN-ROUTE IFR PROCEDURES	
a	Navigation and orientation at various altitudes or heights and map reading
b	Altitude or height, speed, heading control, observation of airspace and altimeter setting
c	Monitoring of flight progress, flight-log, fuel usage, endurance, ETA, assessment of track error, re-establishment of correct track and instrument monitoring
d	Observation of weather conditions and diversion planning
e	Collision avoidance (look-out procedures)
f	ATC liaison with due observance of regulations
SECTION 4 – FLIGHT PROCEDURES AND MANOEUVRES	
a	Level flight, control of heading, altitude or height and speed
b	Climbing and descending turns to specified headings
c	Level turns with up to 30 ° bank, 180 ° to 360 ° left and right

Circle **O** when item passed

Contents of the skill test for the issue of a LAPL(H) - Helicopters (according to AMC2 FCL.125(e))

Cross **X** when item failed

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

SECTION 5 – ABNORMAL AND EMERGENCY PROCEDURES (SIMULATED WHERE APPROPRIATE)	
Note: The FE selects 4 items form the following:	
a	Engine malfunctions, including governor failure, carburettor or engine icing and oil system, as appropriate
b	Fuel system malfunction
c	Electrical system malfunction
d	Hydraulic system malfunction, including approach and landing without hydraulics, as applicable
e	Main rotor or anti-torque system malfunction (FFS or discussion only)
f	Fire drills, including smoke control and removal, as applicable
g	Other abnormal and emergency procedures as outlined in appropriate flight manual

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:		
<hr/> 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.
<hr/> Applicant's Name, Surname / Date / Signature