

CAA Permission No.: _____

APPLICATION AND REPORT FORM (according to AMC1 of Appendix 7)			
SKILL TEST FOR THE ISSUE OF PPL			
Applicant's last name(s):			PPL(As): <input type="checkbox"/>
Applicant's first name(s):			
Signature of applicant:			
Type of licence*:			
Licence number*:			
State:			
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 a PPL(As) (according to AMC3 FCL.235(e))

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 airship checklists, airmanship, control of airship by external visual reference, anti-icing procedures, and principles of threat and error management, etc. apply in all sections	
a	Pre-flight, including: flight planning, documentation, mass and balance, NOTAM and weather briefing
b	Airship inspection and servicing
c	Off-mast procedure, ground manoeuvring and take-off
d	Performance considerations and trim
e	Aerodrome and traffic pattern operations
f	Departure procedure, altimeter setting, collision avoidance (look-out)
g	ATC compliance and R/T procedures
SECTION 2 - GENERAL AIRWORK	
a	Control of the airship by external visual reference, including straight and level, climb, descent and look-out
b	Flight close to pressure height
c	Turns
d	Steep descents and climbs
e	Flight by reference solely to instruments, including: i) Level flight, control of heading, altitude and air speed; ii) Climbing and descending turns; iii) Recoveries from unusual attitudes.
f	ATC compliance and R/T procedures
SECTION 3 - EN-ROUTE PROCEDURES	
a	Flight plan, dead reckoning and map reading
b	Maintenance of altitude, heading and speed and collision avoidance (look-out procedures)
c	Orientation, timing and revision of ETAs and log keeping
d	Observation of weather conditions and diversion to alternate aerodrome (planning and implementation)
e	Use of radio navigation aids
f	Flight management (checks, fuel systems, etc.)
g	ATC compliance and R/T procedures

Contents of the skill test for the issue of a PPL(As) (according to AMC3 FCL.235(e))

Circle **O** when item passed

Cross **X** when item failed

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

SECTION 4 - APPROACH AND LANDING PROCEDURES	
a	Aerodrome arrival procedures, altimeter setting, checks and look-out
b	ATC compliance and R/T procedures
c	Go-around action
d	Normal landing
e	Short field landing
f	Post-flight actions
SECTION 5 - ABNORMAL AND LANDING EMERGENCY PROCEDURES	
This section may be combined with sections 1 through 4	
a	Simulated engine failure after take-off (at a safe altitude) and fire drill
b	Equipment malfunctions
c	Forced landing (simulated)
d	ATC compliance and R/T procedures
e	Oral questions
SECTION 6 - SIMULATED ASYMMETRIC FLIGHT AND RELEVANT CLASS OR TYPE ITEMS	
This section may be combined with sections 1 through 5	
a	Simulated engine failure during take-off (at a safe altitude unless carried out in a FFS)
b	Approach and go-around with failed engine(s)
c	Approach and full stop landing with failed engine(s)
d	Malfunctions in the envelope pressure system
e	ATC compliance, R/T procedures and airmanship
f	As determined by the FE: any relevant items of the type rating skill test to include, if applicable: <ul style="list-style-type: none"> i) Airship systems ii) Operation of envelope pressure system.
g	Oral questions

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