**APPLICATION**

**FOR COMPLIANCE ASSESSMENT OF INITIAL ATPL (H)**

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| 1. **General information (*TO BE filled BY APPLICANT)***
 |
| Last name: |  | First name: |  |
| Date of birth**1**: |  | Nationality: |  |
| Passport / ID card No: |  | Passport / ID State of issue: |  |
| Phone: |   | E-mail: |   |

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| **2. CURRENT LICENCE (*TO BE filled BY APPLICANT)*** | **CAA use only (Y/N)2** |
| Licence: | [ ]  ICAO licence [ ]  Part-FCL  | State of issue: |   |   |
| Licence type: | [ ]  CPL(H) [ ]  MPL(H)  |  |
| Licence`s No.: |   | Date of issue: |  |   |
| ME IR (A) valid till: |  | MCC course passed: |  |   |
| FCL LP English level: | [ ]  4 / [ ]  5 / [ ]  6 | Valid till: |  |   |

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| **3. Medical certificate (*TO BE filled BY APPLICANT)*** | **CAA use only (Y/N)2** |
| Class 1 of Part-MED certificate`s No |   | Sate of issue: |   |   |
| Date of issue: |  | Expiry date: |  |   |

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| **4. ATPL THEORETICAL EXAMINATION (*TO BE filled BY APPLICANT)*** | **CAA use only (Y/N)2** |
| EASA Member State under whose authority exams were passed |  | Passing date: |  |   |

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| **5. FLIGHT HOURS (*TO BE filled BY APPLICANT)*** | **CAA use only (Y/N)2** |
| **Total flight time** | **Part-FCL****min. hours**  | **Applicant flight hours** |
| Total flight time as pilot of helicopter: | > 1000  |   |   |
| 1. FSTD
 | < 100 |   |   |
| 1. FNPT
 | < 25 |   |   |
| Flight time in multi-pilot operations on helicopter: | > 350 |   |   |
| Please complete one of next three options as applicable: |  |
| (1) Flight time as PIC | > 250 |   |   |
| (2) Flight time: |  |
| 1. as PIC
 | > 100 |   |   |
| 1. as PICUS
 | > 150 |   |   |
| (3) Flight time as PICUS in MP helicopter **3** | 250 |   |   |
| Cross-country flight time (at least 100 h as PIC or as PICUS) | > 200 | PIC/PICUS:  |   |   |
| Other: |   |
| Instrument time on helicopter (max 10 h instrument ground time) | > 30 |   |   |
| Ground time: |   |
| Night flight time as PIC or CP of helicopter | > 100 |   |   |

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| **6. CREDITED HOURS 4 (*TO BE filled BY APPLICANT)*** | **CAA use only (Y/N)2** |
| **Total flight time** | **Credited hours**  | **Applicant flight hours** |
| Total flight time as pilot of aeroplane | < 500 |   |   |
| Flight time in multi-pilot operations on helicopters | < 175 |   |   |
| Credited PIC and PICUS hours: |  |
| (1) Flight time as PIC of aeroplane | < 125 |   |   |
| (2) Flight time:  |  |
| 1. as PIC of aeroplane
 | < 50 |   |   |
| 1. as PICUS of aeroplane
 | < 75 |   |   |
| Cross-country flight time as pilot of aeroplane | < 100 (max 50 h PIC or as PICUS | PIC/PICUS:  |   |
| Other:  |
| Night flight time as PIC or CP of aeroplane | < 50 |   |   |

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| **7. LIST OF DOCUMENTS TO BE ATTACHED TO THE APPICATION**  | **TO BE filled BY APPLICANT** | **CAA use only (Y/N)2** |
| Copy of Passport or ID  |[ ]    |
| Copy of current pilot licence  |[ ]    |
| Copy of valid Part-MED Class 1 medical certificate. |[ ]    |
| Copy of Part-FCL ATPL(H) examination results (must be submitted if the exams have been passed in another EASA member state only) |[ ]    |
| Copy of logbook, all pages proving flight time specified in Section 5 and 6 **5**  |[ ]    |
| PICUS training records (if available) |[ ]    |
| Copy of English Language Proficiency Certificate (if not previously submitted to the CAA) |[ ]    |
| Copy of MCC course completion certificate (if not previously submitted to the CAA) |[ ]    |

**NOTES**

1 An applicant must be at least 21 years old

2 Y – comply with FCL requirements and supporting documents have been submitted; N – not comply with FCL requirements or supporting documents have not been submitted.

3 In this case, the ATPL(H) privileges shall be limited to multi-pilot operations only, until 100 hours as PIC have been completed

4 Section 6 of this application must be completed if the required of FCL aircraft flying hours is credited with experience in another aircraft category.

5 If you have an electronic logbook, please print all pages and sign each page as a true record. **Note:** in all cases, original signatures of the aircraft Commander are required if claiming PICUS time.

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| **DECLARATION OF THE APPLICANT** (AMC1 ARA.GEN.315(a)): |
| **I certify** that I am not holding a flight crew licence, certificate, rating, authorization or approval under FCL, BFCL or SFCL requirements issued by another EASA Member State;**I acknowledge** that any incorrect information provided can disqualify me from being granted a flight crew licence, certificate or rating or, if already issued – limit, suspend or revoke it according to Regulation (EU) 1178/2011 ARA.FCL.250 and the article 95 of law “On Aviation”. I am aware of my responsibility in accordance with third part of article 3 of the Law on Administrative Penalties for Offences in the Field of Administration, Public Order, and Use of the Official Language.**I am informed** that CAA of Latvia collect, record and keep data regarding my flight crew licence, certificate, rating, approval and the exercise of my privileges, data of flight and flight experience, transfer and request them to the other States’ Competent Authorities or the Agency for the oversight of my activities based on the provisions of Regulation (EU) 2018/1139 article 62., 72. and 83. para 2. (a) and (b) as well as Regulation (EU) 1178/2011 ARA.GEN.120, ARA.GEN.135, ARA.GEN.200, ARA.GEN.220, ARA.GEN.300, ARA.GEN.305, ARA.GEN.315 and ARA.GEN.355. The protection of personal data is ensured in accordance with the Regulation (EU) 2016/679. |
| Date: |  | Applicant’s signature: |  |

**This application must be applied before applying for ATPL skill test. Only after the submitted documents have been checked and the CAA has confirmed that the pilot is eligible for the ATPL license, the pilot will be able to apply for the ATPL skill test.**

**The decision of the CAA is made within 5 working days from the date of submission of all required documents.**

**FOR CAA OFFICIAL USE ONLY**

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| 1. **REGISTRATION DETAILS**
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| Application registered (date): |  | Application No: |  |
| The CAA decision on eligibility to apply for ATPL skill test: | [ ] comply [ ]  not comply |
| Reason for refusal: |  |
| Decision taken by: |  | Date: |  |  Signature: |  |