

SECTION 1 – DEPARTURE					
Use of checklist, airmanship, anti-icing/de-icing, procedures, etc. Apply in all sections					
Applicants license number or name:		FS/A	Pass	Fail	Examiner's signature
a	Use of flight manual (or equivalent) especially aircraft performance calculation; mass and balance		<input type="checkbox"/>	<input type="checkbox"/>	
b	Use of Air Traffic Services document, weather document		<input type="checkbox"/>	<input type="checkbox"/>	
c	Preparation of ATC flight plan, IFR flight plan/log		<input type="checkbox"/>	<input type="checkbox"/>	
d	Identification of the required nav aids for departure, arrival and approach procedures				
e	Pre-flight inspection		<input type="checkbox"/>	<input type="checkbox"/>	
f	Weather minima		<input type="checkbox"/>	<input type="checkbox"/>	
g	Taxiing/Air taxi in compliance with ATC or instructions of instructor		<input type="checkbox"/>	<input type="checkbox"/>	
h	PBN departure (if applicable): <ul style="list-style-type: none"> - Check that the correct procedure has been loaded in the navigation system - Cross – check between the navigation system display and the departure chart 				
i	Pre-take off briefing, procedures and checks		<input type="checkbox"/>	<input type="checkbox"/>	
j	Transition to instrument flight		<input type="checkbox"/>	<input type="checkbox"/>	
k	Instrument departure procedures, including PBN procedures		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2 – GENERAL HANDLING					
a	Control of the helicopter by reference solely to instruments, including:		<input type="checkbox"/>	<input type="checkbox"/>	
b	Climbing and descending turns with sustained Rate 1 turn		<input type="checkbox"/>	<input type="checkbox"/>	
c	Recoveries from unusual attitudes, including sustained 30° turns and steep descending turns		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3 – EN-ROUTE IFR PROCEDURES					
a	Tracking, including interception, e.g. NDB, VOR, RNAV		<input type="checkbox"/>	<input type="checkbox"/>	
b	Use of radio aids		<input type="checkbox"/>	<input type="checkbox"/>	
c	Level flight, control of heading, altitude and airspeed, power setting		<input type="checkbox"/>	<input type="checkbox"/>	
d	Altimeter settings		<input type="checkbox"/>	<input type="checkbox"/>	
e	Timing and revision of ETAs		<input type="checkbox"/>	<input type="checkbox"/>	
f	Monitoring of flight progress, flight log, fuel usage, systems management		<input type="checkbox"/>	<input type="checkbox"/>	
g	Ice protection procedures, simulated if necessary and if applicable		<input type="checkbox"/>	<input type="checkbox"/>	
h	ATC liaison - compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3a – ARRIVAL PROCEDURES					
Applicants license number or name:		FS/A	Pass	Fail	Examiner's signature
a	Setting and checking of navigational aids, if applicable		<input type="checkbox"/>	<input type="checkbox"/>	
b	Arrival procedures, altimeter check		<input type="checkbox"/>	<input type="checkbox"/>	
c	Altitude and speed constraints, if applicable		<input type="checkbox"/>	<input type="checkbox"/>	
d	PBN arrival (if applicable): <ul style="list-style-type: none"> - Check that the correct procedure has been loaded in the navigation system - Cross – check between the navigation system display and the arrival chart 		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 4 – 3D OPERATIONS (+)					
a	Setting and checking of navigational aids Check Vertical Path angle for RNP APCH: <ul style="list-style-type: none"> - Check that the correct procedure has been loaded in the navigation system - Cross – check between the navigation system display and the arrival chart 		<input type="checkbox"/>	<input type="checkbox"/>	
b	Approach and landing briefing, including descent/approach/landing checks		<input type="checkbox"/>	<input type="checkbox"/>	
c(*)	Holding procedure		<input type="checkbox"/>	<input type="checkbox"/>	
d	Compliance with published approach procedure		<input type="checkbox"/>	<input type="checkbox"/>	
e	Approach timing		<input type="checkbox"/>	<input type="checkbox"/>	
f	Altitude, speed heading control, (stabilised approach)		<input type="checkbox"/>	<input type="checkbox"/>	
g(*)	Go-around action		<input type="checkbox"/>	<input type="checkbox"/>	
h(*)	Missed approach procedure/landing		<input type="checkbox"/>	<input type="checkbox"/>	
i	ATC liaison - compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 5 – 2D OPERATIONS (+)					
Applicants license number or name:		FS/A	Pass	Fail	Examiner's signature
a	Setting and checking of navigational aids For RNP APCH: - Check that the correct procedure has been loaded in the navigation system - Cross – check between the navigation system display and the approach chart		<input type="checkbox"/>	<input type="checkbox"/>	
b	Approach and landing briefing, including descent/approach/landing checks and identification of facilities		<input type="checkbox"/>	<input type="checkbox"/>	
c(*)	Holding procedure		<input type="checkbox"/>	<input type="checkbox"/>	
d	Compliance with published approach procedure		<input type="checkbox"/>	<input type="checkbox"/>	
e	Approach timing		<input type="checkbox"/>	<input type="checkbox"/>	
f	Altitude, speed heading control, (stabilised approach)		<input type="checkbox"/>	<input type="checkbox"/>	
g(*)	Go-around action		<input type="checkbox"/>	<input type="checkbox"/>	
h*)	Missed approach procedure / landing		<input type="checkbox"/>	<input type="checkbox"/>	
i	ATC liaison - compliance, R/T procedures		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 6 – ABNORMAL AND EMERGENCY PROCEDURES					
This section may be combined with sections 1 through 5. The test shall have regard to control of the helicopter, identification of the failed engine, immediate actions (touch drills), follow-up actions and checks and flying accuracy, in the following situations:					
a	Simulated engine failure after take-off and on/during approach (**)(at a safe altitude unless carried out in FFS, FNPTII/III, FTD 2,3)		<input type="checkbox"/>	<input type="checkbox"/>	
b	Failure of stability augmentation devices/hydraulic system (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	
c	Limited panel		<input type="checkbox"/>	<input type="checkbox"/>	
d	Autorotation and recovery to a pre-set altitude		<input type="checkbox"/>	<input type="checkbox"/>	
e	3D operations manually without flight director(***) 3D operations manually with flight director(***)		<input type="checkbox"/>	<input type="checkbox"/>	

(+) To establish or maintain PBN privileges one approach in either Section 4 or Section 5 shall be an RNP APCH. Where an RNP APCH is not practicable, it shall be performed in an appropriately equipped FSTD

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

(**) Multi-engine helicopter only

(***) Only one item to be tested

APPLICATION AND REPORT FORM FOR ATPL, MPL, TPYE RATING, CLASS RATING SKILL TEST AND PROFICIENCY CHECK Aeroplanes and helicopters					
Applicant's last name:		Aircraft:	SE-SP: A <input type="checkbox"/> H <input type="checkbox"/>	ME-SP: A <input type="checkbox"/> H <input type="checkbox"/>	
Applicant's first name:			SE-MP: A <input type="checkbox"/> H <input type="checkbox"/>	ME-MP: A <input type="checkbox"/> H <input type="checkbox"/>	
Signature of applicant:		Operations:	SP <input type="checkbox"/>	MP <input type="checkbox"/>	
Type of license held		Checklist:	Training record <input type="checkbox"/>	Type rating: <input type="checkbox"/>	
License number:			Skill test: <input type="checkbox"/>	Class rating: <input type="checkbox"/>	
State of license issue:			IR: <input type="checkbox"/>		
			Proficiency check: <input type="checkbox"/>	ATPL: <input type="checkbox"/> MPL: <input type="checkbox"/>	
1 Theoretical training for the issue of a type or class rating performed during period					
From:		To:		At:	
Pass mark:		Type and number of licence:			
Signature of HT:		Name(s) in capital letters:			
2 FSTD					
FSTD (aircraft type)		Three or more axes: Yes <input type="checkbox"/> No <input type="checkbox"/>		Ready for service and used:	
FSTD manufacturer		Motion or system:		Visual aid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
FSTD operator				FSTD ID code:	
Total training time at the controls:		Instrument approaches at aerodromes to a decision altitude or height of:			
Location, date and time:		Type and number of licence:			
Type rating instructor <input type="checkbox"/>		Class rating instructor <input type="checkbox"/>	 instructor <input type="checkbox"/>	
Signature of instructor:		Name(s) in capital letters:			
3 Flight training:					
		in the aircraft <input type="checkbox"/>		in the FSTD <input type="checkbox"/> (for ZFTT) <input type="checkbox"/>	
Type of aircraft:		Registration:		Flight time at the controls:	
Take-offs:	Landings	Training aerodromes or sites (take-offs, approaches and landings):			
Take-off time:		Landing time:		Location and date:	
Type rating instructor <input type="checkbox"/>			Class rating instructor <input type="checkbox"/>		
Signature of instructor:		Name(s) of instructor in capital letters			
4 Skill test <input type="checkbox"/> Proficiency check <input type="checkbox"/>					
Skill test and proficiency check details:					
Aerodrome or site		Total flight time			
Take-off time:		Landing time:			
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Reason(s) why, if failed:			
Location and date:		SIM or aircraft registration:			
Examiner's certificate number:		Type and number of licence:			
Signature of examiner:		Name(s) in capital letters:			

APPLICANT'S DECLARATION / IZJAVA KANDIDATA

I declare that the information provided on this form is correct and I have been informed of the result of the skill test, proficiency check or assessment of competence.

Izjavljujem kako su podaci na ovom obrascu točni, te kako sam upoznat s rezultatom ispita praktične osposobljenosti, provjere stručnosti ili procjene stručnosti.

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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EXAMINER SHALL BEFORE TEST / ISPITIVAČ ĆE PRIJE TESTA:

- (1) ensure that communication with the applicant can be established without language barriers;
- (2) verify 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;
- (3) make the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.

(1) osigurati da komunikacija s podnositeljem zahtjeva može biti uspostavljena bez jezičnih prepreka

(2) potvrditi da podnositelj zahtjeva ispunjava sve kvalifikacije, zahtjeve osposobljavanja i iskustva Dijela-FCL za stjecanje, produžavanje ili obnavljanje dozvole, ovlaštenja ili certifikata za koji se ispit praktične osposobljenosti, provjera stručnosti ili procjena stručnosti provodi

(3) upoznati podnositelja zahtjeva s posljedicama dostavljanja nepotpunih, netočnih ili neistinitih informacija vezano uz njihovo osposobljavanje i letačko iskustvo

EXAMINER'S DECLARATION:

I DECLARE THAT I received information from the applicant regarding his/her experience and instruction, and found that experience and instruction complying with the applicable requirements in Part-FCL.

IZJAVLJUJEM kako sam primio sve informacije od kandidata vezano za njegovo iskustvo i osposobljavanje, i potvrdio da su iskustvo i osposobljavanje u skladu s primjenjivim zahtjevima Dijela-FCL.

EXAMINER'S CONFIRMATION:

I confirm that all the required manoeuvres and exercises have been completed, and that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).

Potvrđujem kako su svi zahtijevani manevri i vježbe provedeni, te je potvrđeno kandidatovo teorijsko znanje usmenim ispitivanjem (kada je primjenjivo)

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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ADDITIONAL DECLARATION FOR non-CCAA EXAMINERS / DODATNA IZJAVA ZA non-CCAA ISPITIVAČE

'I hereby declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ (insert document version, i.e. 01-2014) of the Examiner Differences Document, as published by EASA.

Ovim putem izjavljujem kako sam se upoznao i primijenio relevantne nacionalne zahtjeve i procedure tijela nadležnog za izdavanje dozvole podnositelja zahtjeva koje se nalaze u verziji _____ (upiši broj verzije dokumenta, npr. 01-2014) Examiners Difference Dokumenta, izdanog od strane EASA-e

Name <i>Ime</i>		Signature <i>Potpis</i>		Date <i>Datum</i>	
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Examiners remarks from skill test/ proficiency check / assessment of competence:

Primjedbe i napomene ispitivača s ispita praktične osposobljenosti / provjere stručnosti / procjene stručnosti