

APPLICATION AND REPORT FORM FOR THE INSTRUCTOR ASSESSMENT OF COMPETENCE

				A	pplicar	nt's licence no.		
			Applicant's pe	ersonal	data			
First name:	Last name:							
Date of birth:					Pho	ne No.:		
Address:					Cou	ıntry:		
			Licence	details	_	•		
Licence type:								
Rating for which the co	ertificate will		1.			Validity:		
issued/revalidated/ren		ad	2. 3.			Validity:		
	<i>"</i>				V	alidity:		
Date of previous AoC ((in case of re	validation);					
In case of AoC after tra		TO:	☐ applicable			not applicable		
Pre-course flying expe							1 -	
Total flying hours:	PIC SEP/TM((hours):	à	SEP preceding 6 months (hours):			ument flight uction (hours):		ss-country flights urs):
Pre-entry flight test:	I,		, recommend					. for the FI course
First and last name of	the instructor	1						
Licence no. and signat	ture of FI:							
ATO's name and certif	ficate no.:							
Signature of CFI:								
Date and place:								
Applicant and CFI decla	ration:							
Applicant: / have recein CFI: / certify that			_		-		roved i	training course for the
FI certificate	IRI certific					TRI certificate		SFI certificate
FI(A)/(H)/(As)	IRI(A)/(H)(A	As)	CRI(A)			TRI(A)/(H)		SFI(A)
Name of ATO								
Flying hours during the course:						Aircraft \square		FSTD □
CFI name:					CFI si	gnature:		
Applicant's name:					Applic	cant's signature:		

LIC-FRM-279 EXT-PUB



APPLICATION AND REPORT FORM FOR THE INSTRUCTOR ASSESSMENT OF COMPETENCE

	Applicant's licence no.										
Flight details - AoC:					☐ on simulator						
For the:	□ issue	☐revalidation ☐			renewal			of privilege(s)			
FI certific	ate	IRI cer	tificate	CRI certific	cate		TRI cer	tificate	SFI certificate		
FI(A)/(H)/		IRI(A)/	(H)(As)	CRI(A)	,			1	SFI(A)		
Date of A	the assessmer	<u> </u> nt·		Type of a	aircraft:	Fail \square	Registration: Partial pass ☐				
Remarks		IL.		rass L	<u> </u>				artiai pass 🗀		
Applican	t's signature:										
	Flight/Type instructor examiner's assessment (FIE/TRE), in case of partial pass:										
Theoretic	cal oral examina			Passed		,			Failed \square		
Skill test:				Passed	_				Failed \square		
I recomm	nend further flig	ght or gr	ound training	with an instr	nstructor before re-test						
I do not d	consider further	flight o	r theoretical in	struction ne	necessary before re-test						
First and	last name:			Exa	miner's o	iata <u> </u>					
First and last name: Type of authorisation and certificate no.:					Validity:						
Signature:											
o ignatar.											
			Se	ction 1 – Th	eoretical	knowled	ge oral				
					Passed	F	ailed	Exar	miner's signature		
a Air la		wlodac									
b Aircraft general knowledge											
c Flight performance and planning d Human performance and limitations											
e Meteorology											
f Navigation											
g Operational procedures											
h Principles of flight											
i Training administration											

LIC-FRM-279 EXT-PUB Rev. No. 3 / 20.10.2020.

Page 2/3



APPLICATION AND REPORT FORM FOR THE INSTRUCTOR ASSESSMENT OF COMPETENCE

					Applicant's licence no				
	Section 2 – Pre-flight briefing								
		Passe		Fai		Examiner's signature			
а	Visual presentation								
b	Technical accuracy								
С	Clarity of explanation								
d	d Clarity of speech								
е	Instructional technique								
f	Use of models and aids								
g	Student participation								
	Section 3 - Flight								
	Pass				ailed	Examiner's signature			
a	Arrangement of demo								
b	Synchronisation of speech with demo								
С	Correction of faults								
d	Aircraft handling								
е	Instructional technique								
f	General airmanship and safety								
g	Positioning and use of airspace								
Section 4 – ME exercises									
			Pass	ed	Failed	Examiner's signature			
a Actions following an engine failure shortly after take-off ¹									
b SE approach and go-around ¹									

Section 5 – Post-flight de-briefing								
		Passed	Failed	Examiner's signature				
a	Visual presentation							
b	Technical accuracy							
С	Clarity of explanation							
d	Clarity of speech							
е	Instructional technique							
f	Use of models and aids							
g	Student participation							

¹These exercises are to be demonstrated at the assessment of competence for FI for ME aircraft.

LIC-FRM-279 EXT-PUB

SE approach and landing¹

Rev. No. 3 / 20.10.2020.



Croatian Civil Aviation Agency								
APPLICANT'S DECLARATION / IZJAVA KAND		rect and I have been informe	ad of the	result of the skill test proficiency				
check or assessment of competence.	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							
lzjavljujem kako su podaci na ovom obrascu točni, te kako sam upoznat s rezultatom ispita praktične osposobljenosti, provjere stručnosti ili								
procjene stručnosti.								
Name	Signature		Date					
lme	Potpis		Datum					
EXAMINER SHALL BEFORE TEST / ISPITIVAC	CE PRIJE TE	STA:						
(1) ensure that communication with the appli			barriers;					
(2) verify that the applicant complies with al	Il the qualifica	ation, training and experienc	e require	ments in Part-FCL for the issue,				
revalidation or renewal of the licence, rating of	or certificate f	for which the skill test, profic	iency che	ck or assessment of competence				
is taken;								
(3) make the applicant aware of the consequence	ences of provi	iding incomplete, inaccurate	or false ir	iformation related to their training				
and flight experience.								
(1) osigurati da komunikacija s podnositeljem zah (2) potvrditi da podnositelj zahtjeva ispunjava sv	-			da-ECL za etiacania produžavania ili				
obnavljanje dozvole, ovlaštenja ili certifikata za ko	•							
(3) upoznati podnositelja zahtjeva s posljedicama								
i letačko iskustvo								
EXAMINER'S DECLARATION:								
I DECLARE THAT I received information from the			and instr	uction, and found that experience				
and instruction complying with the applicable IZJAVLJUJEM kako sam primio sve informacije	•		i oanaaah	liavania i naturdia da au iakuatya i				
osposobljavanje u skladu s primjenjivim zahtjevin		i vezano za njegovo iskustvo i	USPUSUUI	Javanje, i potvidio da su iskustvo i				
EXAMINER'S CONFIRMATION:	ia Dijola 1 OLi							
I confirm that all the required manoeuvres a	and exercises	have been completed, and	that the a	applicant's theoretical knowledge				
has been confirmed by verbal examination (w	vhere applicat	ble).						
Potvrđujem kako su svi zahtijevani manevri i vje	žbe provedeni,	, te je potvrđeno kandidatovo t	eorijsko zi	nanje usmenim ispitivanjem (kada je				
primjenjivo)	0:		D-4-					
Name Ime	Signature Potpis		Date Datum					
IIIIE	Γυιριδ		Datuiii					
ADITIONAL DECLARATION FOR non-CCAA								
'I hereby declare that I have reviewed and app								
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			moma, m	or. or zor ij zaariinore zinorenee				
Name	Signature		Date					
<i>lme</i>	Potpis		Datum					
Examiners remarks from skill test/ proficience	v check / ass	essment of competence						
Primjedbe i napomene ispitivača s ispita praktičn	-	·	ne stručno	osti				

LIC-FRM-313 Rev.No. 2 / 30.06.2016. INT-PUB Page 1/1