

APPLICATION AND REPORT FORM LAPL, PPL, CPL, IR SKILL TEST AND PROFICIENCY CHECK			
Applicant's last name(s):			
Applicant's first name(s):			
Signature of applicant:		LAPL:	A <input type="checkbox"/> H <input type="checkbox"/>
Type of licence*:		PPL:	A <input type="checkbox"/> H <input type="checkbox"/> As <input type="checkbox"/>
Licence number*:		CPL:	A <input type="checkbox"/> H <input type="checkbox"/> As <input type="checkbox"/>
State:		IR:	A <input type="checkbox"/> H <input type="checkbox"/> As <input type="checkbox"/>

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		
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 license:	
Signature of examiner:		Name(s) in capital letters:	

SECTION 1 – PRE-FLIGHT OPERATIONS AND DEPARTURE			
Applicants license number and name:			
		Pass	Fail
a	Pre-flight including: Flight planning, Documentation, Mass and Balance determination, Weather brief, NOTAMs	<input type="checkbox"/>	<input type="checkbox"/>
c	Airship inspection & servicing	<input type="checkbox"/>	<input type="checkbox"/>
d	Off-mast procedure, ground manoeuvring and take-off	<input type="checkbox"/>	<input type="checkbox"/>
e	Performance considerations and trim	<input type="checkbox"/>	<input type="checkbox"/>
f	Aerodrome and traffic pattern operation	<input type="checkbox"/>	<input type="checkbox"/>
g	Departure procedure, altimeter setting, collision avoidance (lookout)	<input type="checkbox"/>	<input type="checkbox"/>
h	ATC liaison – compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 – GENERAL AIRWORK			
		Pass	Fail
a	Control of the airship by external visual reference, including straight and level, climb, descent, lookout	<input type="checkbox"/>	<input type="checkbox"/>
b	Flight at pressure height	<input type="checkbox"/>	<input type="checkbox"/>
c	Turns	<input type="checkbox"/>	<input type="checkbox"/>
d	Steep descents and climbs	<input type="checkbox"/>	<input type="checkbox"/>
e	Flight by reference solely to instruments, including: (i) level flight, control of heading, altitude and airspeed; (ii) climbing and descending turns, (iii) recoveries from unusual attitudes; (iv) limited panel instruments	<input type="checkbox"/>	<input type="checkbox"/>
f	ATC liaison — compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3 – EN-ROUTE PROCEDURES			
		Pass	Fail
a	Control of airship by external visual reference, Range/Endurance considerations	<input type="checkbox"/>	<input type="checkbox"/>
b	Orientation, map reading	<input type="checkbox"/>	<input type="checkbox"/>
c	Altitude, speed, heading control, lookout	<input type="checkbox"/>	<input type="checkbox"/>
d	Altimeter setting. ATC liaison — compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>
e	Monitoring of flight progress, flight log, fuel usage, assessment of track error and re-establishment of correct tracking	<input type="checkbox"/>	<input type="checkbox"/>
f	Observation of weather conditions, assessment of trends, diversion planning	<input type="checkbox"/>	<input type="checkbox"/>
g	Tracking, positioning (NDB or VOR), identification of facilities (instrument flight). Implementation of diversion plan to alternate aerodrome (visual flight)	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 – APPROACH AND LANDING PROCEDURES			
		Pass	Fail
a	Arrival procedures, altimeter setting, checks, lookout	<input type="checkbox"/>	<input type="checkbox"/>
b	ATC liaison — compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>
c	Go-around action from low height	<input type="checkbox"/>	<input type="checkbox"/>
d	Normal landing	<input type="checkbox"/>	<input type="checkbox"/>
e	Short field landing	<input type="checkbox"/>	<input type="checkbox"/>
f	Approach and landing with idle power (single-engine only)	<input type="checkbox"/>	<input type="checkbox"/>
g	Landing without use of flaps	<input type="checkbox"/>	<input type="checkbox"/>
h	Post-flight actions	<input type="checkbox"/>	<input type="checkbox"/>
		Examiners signature:	

SECTION 5 – ABNORMAL AND EMERGENCY PROCEDURES			
This section may be combined with sections 1 through 4			
Applicants license number and name:		Pass	Fail
a	Simulated engine failure after take-off (at a safe altitude), fire drill	<input type="checkbox"/>	<input type="checkbox"/>
b	Equipment malfunctions	<input type="checkbox"/>	<input type="checkbox"/>
c	Forced landing (simulated)	<input type="checkbox"/>	<input type="checkbox"/>
d	ATC liaison — compliance, R/T procedures	<input type="checkbox"/>	<input type="checkbox"/>
e	Oral questions	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 6 – RELEVANT CLASS OR TYPE ITEMS			
This section may be combined with sections 1 through 5			
		Pass	Fail
a	Simulated engine failure during take-off (at a safe altitude unless carried out in FFS)	<input type="checkbox"/>	<input type="checkbox"/>
b	Approach and go-around with failed engine(s)	<input type="checkbox"/>	<input type="checkbox"/>
c	Approach and full stop landing with failed engine(s)	<input type="checkbox"/>	<input type="checkbox"/>
d	Malfunctions in the envelope pressure system	<input type="checkbox"/>	<input type="checkbox"/>
e	ATC liaison — compliance, R/T procedures, Airmanship	<input type="checkbox"/>	<input type="checkbox"/>
f	As determined by the FE: any relevant items of the class/type rating skill test to include, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
	i. Airship systems		
	ii. Operation of envelope pressure system		
g	Oral questions	<input type="checkbox"/>	<input type="checkbox"/>
		Examiners signature:	

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 podnosiocem 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