

SKILL TEST or PROFICIENCY CHECK FORM - SPL including TMG
Skill test
PFC
Application and report form
A. Udfyldes af ansøgeren/To be filled out by the applicant:

| | | |
|---|--------------------------------------|---|
| CPR-nr./Date of Birth: | Certifikat nr./Licence no.: (If any) | Udstedende Stat/State of Licence Issue: |
| Fornavn/First name(s): | Efternavn/Last name: | |
| Gade eller vej/Street: | | |
| Postnr. og by/Postal code and city: | e-mail: | Tlf./Telephone: |
| Dato for underskrift/Date of signature: | Underskrift/Signature: | |

B. Udfyldes af skolen/To be filled out by ATO:

| | | | | |
|---|------|-------------------------------|----------|--------------------------------|
| Name of ATO: (Use stamp): | | | | |
| Specification of flight time | | | | |
| Total: | Dual | Solo | Launches | Flight time during SPL course: |
| Crediting of flight time (attach documentation) | | | | |
| | | | | |
| Date of signature of Head of Training | | Signature of Head of Training | | |

C. To be filled out by the Examiner:

| | | | | |
|---|--|--|--|--|
| Date of test: | Licence Endorsement: | Type of aircraft: | | |
| Name of Examiner or stamp: | | Stamp of Examiner, | | |
| Authorisation no. of Examiner or stamp: | | | | |
| I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirement for the test or check being performed. I also declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document. | | | | |
| Date of signature of Examiner | | Signature of Examiner | | |
| Result of the test | | | | |
| Section 1: Passed <input type="checkbox"/> Failed | Section 2: Passed <input type="checkbox"/> Failed | Section 3: Passed <input type="checkbox"/> Failed | Section 4: Passed <input type="checkbox"/> Failed | Section 5: Passed <input type="checkbox"/> Failed |
| Final result: Passed <input type="checkbox"/> Partial Pass <input type="checkbox"/> Failed | | If licence issued (copy enclosed): SPL <input type="checkbox"/> | | |

Use of checklist, airmanship, control of aeroplane by external visual reference, look out etc. apply in all sections.

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| Name of Applicant: | |
|--------------------|--|

| SECTION 1: PRE-FLIGHT OPERATIONS AND DEPARTURE | | Passed | Failed |
|--|--|--------|--------|
| a | Pre-flight documentation, flight planning, NOTAM(s) and Weather Briefing | | |
| b | Mass and balance and performance calculation | | |
| c | TMG inspection and servicing | | |
| d | Engine starting and after starting procedures | | |
| e | Taxiing and aerodrome procedures, pre-take-off procedures | | |
| f | Take-off and after take-off checks | | |
| g | Aerodrome departure procedures | | |
| h | ATC liaison: compliance | | |

| SECTION 2A: GENERAL AIRWORK (WITH ENGINE POWER) | | Passed | Failed |
|---|--|--------|--------|
| a | ATC liaison | | |
| b | Straight and level flight, with speed changes | | |
| c | Climbing: i. best rate of climb; ii. climbing turns; and iii. levelling off. | | |
| d | Medium (30° bank) turns, look-out procedures and collision avoidance | | |
| e | Steep (45° bank) turns | | |
| f | Flight at critically low air speed with and without flaps | | |
| g | Stalling: i. clean stall and recover with power; ii. approach to stall descending turn with bank angle 20°, approach configuration; and iii. approach to stall in landing configuration | | |
| h | Descending: i. with and without power; ii. descending turns (steep gliding turns); and iii. levelling off. | | |

| SECTION 2B: GENERAL AIRWORK (WITHOUT ENGINE POWER) | | Passed | Failed |
|--|--|--------|--------|
| a | Straight and level flight, with speed changes | | |
| b | Medium (30° bank) turns, look-out procedures and collision avoidance | | |
| c | In-flight engine start and stop procedures | | |
| d | Stall in turns | | |

Use of checklist, airmanship, control of aeroplane by external visual reference, look out etc. apply in all sections.

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| Name of Applicant: | |
|--------------------|--|

| SECTION 3: EN-ROUTE PROCEDURES | | Passed | Failed |
|--------------------------------|--|--------|--------|
| a | Flight plan, dead reckoning and map reading | | |
| b | Maintenance of altitude, heading and speed | | |
| c | Orientation, airspace structure, timing and revision of estimated times of arrival (ETAs), log keeping | | |
| d | Diversion to alternate aerodrome (planning and implementation) | | |
| e | Flight management (checks, fuel systems, carburettor icing, etc.) | | |
| f | ATC liaison: compliance | | |

| SECTION 4: APPROACH AND LANDINGS PROCEDURES | | Passed | Failed |
|---|---|--------|--------|
| a | Aerodrome arrival procedures | | |
| b | Collision avoidance (look-out procedures) | | |
| c | Precision landing (short field landing) and crosswind, if suitable conditions are available | | |
| d | Flapless landing (if applicable) | | |
| e | Approach to landing with idle power | | |
| f | Touch and go | | |
| g | Go-around from low height | | |
| h | ATC liaison | | |
| i | Actions after flight | | |

| SECTION 5: ABNORMAL AND EMERGENCY PROCEDURES | | Passed | Failed |
|---|---|--------|--------|
| This section may be combined with Sections 1 through 4. | | | |
| a | Simulated engine failure after take-off | | |
| b | * Simulated forced landing | | |
| c | * Simulated precautionary landing | | |
| d | Simulated emergencies | | |
| e | Oral questions | | |

* These items may be combined, at the discretion of the FE.

| | |
|---|---|
| Name of Applicant: | |
| | |
| Details of the flight | |
| Destination aerodrome | On block On ground |
| Departure aerodrome | Off block Airborne |
| Aircraft registration | Total block time Total airborne time No. of landings: |
| Remarks/Overall assessment/Reasons for failure (if applicable): | |
| Name of instructor present at the Skill Test: | |
| Signature of Examiner: | Signature of applicant: |

Use of checklist, airmanship, control of aeroplane by external visual reference, look out etc. apply in all sections.

Name of Applicant:

In accordance with ARA.GEN.315(a), (b) – (c)

Undertegnede bekræfter hermed, at jeg på ansøgningstidspunktet

1. ikke var i besiddelse af et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat;
2. ikke har ansøgt om et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori i en anden medlemsstat; og
3. aldrig har haft et personligt certifikat, rating, tilladelse eller attest med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat, som er tilbagekaldt eller suspenderet i anden medlemsstat.

Note:

Ukorrekte oplysninger vedrørende ovenstående, kan være diskvalificerende for udstedelse af certifikat, rating, tilladelse m.v.

Undersigned hereby confirm that I at the time of application

1. was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
2. has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
3. has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.

Note:

Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorisation, etc.

Dato/Date: _____

Underskrift/Signature: