



TRAINING AND REPORT FORM ATPL, MPL, SKILL TEST AND PROFICIENCY CHECK MULTI-PILOT AEROPLANES

5 Skill test and proficiency check details:													
Revalidation of TR only: 10 route sectors <input type="checkbox"/>			Or 1 route sector with an examiner <input type="checkbox"/>			Or combined LPC/OPC acc. to FCL 740.A (a)(3) <input type="checkbox"/>							
Date of exam first attempt:					Date of exam second attempt:								
Aerodrome or site:					Aerodrome or site:								
SIM or aircraft registration:					SIM or aircraft registration:								
Take-off time:		Landing time:		Total flight time:			Take-off time :		Landing time :		Total flight time:		
TR <input type="checkbox"/>	IR <input type="checkbox"/>	Pass <input type="checkbox"/>	Partial Pass** <input type="checkbox"/>	Fail** <input type="checkbox"/>	TR <input type="checkbox"/>	IR <input type="checkbox"/>	Pass <input type="checkbox"/>	Fail** <input type="checkbox"/>	ATPL(A) <input type="checkbox"/>	MPL(A) <input type="checkbox"/>	Pass <input type="checkbox"/>	Partial Pass** <input type="checkbox"/>	Fail** <input type="checkbox"/>
ATPL(A) <input type="checkbox"/>		MPL(A) <input type="checkbox"/>		Pass <input type="checkbox"/>	Partial Pass** <input type="checkbox"/>	Fail** <input type="checkbox"/>	ATPL(A) <input type="checkbox"/>		MPL(A) <input type="checkbox"/>		Pass <input type="checkbox"/>	Partial Pass** <input type="checkbox"/>	Fail** <input type="checkbox"/>
IR qualification is endorsed with PBN privilege (see recto of applicant's licence) : YES <input type="checkbox"/> NO <input type="checkbox"/>						IR qualification is endorsed with PBN privilege (see recto of applicant's licence) : YES <input type="checkbox"/> NO <input type="checkbox"/>							
At least one RNP APCH has been performed : YES <input type="checkbox"/> NO <input type="checkbox"/>						At least one RNP APCH has been performed : YES <input type="checkbox"/> NO <input type="checkbox"/>							
Examiner's certificate number:						Examiner's certificate number:							
Type and licence number :						Type and licence number :							
<input type="checkbox"/> I have received information from the applicant regarding his/her experience and instruction and found that experience and instruction comply with the applicable requirements in Part FCL.						<input type="checkbox"/> I have received information from the applicant regarding his/her experience and instruction and found that experience and instruction comply with the applicable requirements in Part FCL.							
<input type="checkbox"/> I confirm that all the required manoeuvres and exercises have been completed as well as information on the verbal theoretical knowledge examination when applicable.						<input type="checkbox"/> I confirm that all the required manoeuvres and exercises have been completed as well as information on the verbal theoretical knowledge examination when applicable.							
Examiner's name(s)* and signature:						Examiner's name(s)* and signature:							
In case of Partial Pass or Fail													
<input type="checkbox"/> I confirm that I must not exercise the privileges of the rating until a full pass has been obtained.													
Applicant name(s)* and signature:													
<input type="checkbox"/> I hereby declare that I will hold an appropriate and valid medical certificate the day of my licence application.													
Applicant name(s)* and signature:													
NON-FRENCH EXAMINER ONLY													
<input type="checkbox"/> I hereby 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.													

6	Remarks <i>**Give reasons and detail any further training:</i>
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*In capital letters