TO DIRECTORATE GENERAL CIVIL AVIATION AUTHORITY DEAR GENERAL DIRECTOR, This is to confirm that I have conducted LPC/Skill test/AoC of the following pilots: Examiner's Signature : EXAMINER'S CHECK RETURN FORM															
Examiner's name				Examiner's Authorization №						Date:					
Nº	Candidate's Licence No.			Candi	idate's	Name		Type of	Test	Type/Cl	lass Aircraft	Date of Test	P/PP/F (so 2)	see Note	
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
Documents attach	ned to the Examiner's Check Return For														
1 Application for revalidation/ renewal of the candidates (if applicable)						5	Copy of Flight or Technical Log	(whichever)	1						
2 LPC/AoC/Skill Test Form						6	Documents of renewal (if applica	ble)							
 3 Endorsed copy of the each candidate licence 4 Copy of certificate of medical according to PART-MED when its not issued by BG AME 															
Note 1: The examiners shall send to BG CAA appropriate documents within 14 days after the test or check either by post or courier, or by the candidate together with this EXAMINER'S CHECK									л was ap	ETURN	FORM signed by the	examiner			
	Partial pass or Failure a Mandatory Check 1					oy inc	culture together with this EAAN	In the other	ILCK K	LICKI	T OTCHT Signed by the	examiner.			
Pass = P Partial Pass = PP					Fail= F										
Legend:	Skill Test = ST Proficiency Check = LPC					Assessmen					nt of Competence = AoC				