ГД "ГВА"
DG CAA

# APPLICATION FOR DESIGNATION OF EXAMINER FOR SKILL TEST AND ISSUANCE OF FLIGHT CREW LICENCE IN ACCORDANCE WITH PART-FCL

| DG CAA USE ONLY | REFERENCE NO | | DATE | | FEE PAID | |
|---|---|---|---|---|---|---|
| | BE CONSIDERED BY THE: | | | | | |

## PART I – DESIGNATE EXAMINERS TO CHECK THE SKILL TEST OF A CANDIDATE FOR FLIGHT CREW LICENCE

| 1. | APPLICATION FOR: | (TICK THE APPROPRIATE) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PPL(A) | ☐ | PPL(H) | ☐ | PPL(As) | ☐ | LAPL(A) | ☐ | LAPL(H) | ☐ | LAPL(S) | ☐ | LAPL(B) | ☐ | BPL | ☐ | SPL | ☐ | | |
| CPL(A) | ☐ | CPL(H) | ☐ | CPL(As) | ☐ | IR(A) | ☐ | IR(H) | ☐ | IR(As) | ☐ | ATPL(A) | ☐ | ATPL(H) | | | ☐ | | |
| WITH A CLASS/TYPE AIRCRAFT | | | | | | | | | | | | | | | | | | | |

| 2. | PERSONAL DETAILS | | | | | | | ЛИН | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| ИМЕ | | ПРЕЗИМЕ | | ФАМИЛИЯ | | | | | | | | |
| NAME | | MIDDLE NAME(S) | | SURNAME | | | | | | | | |
| DATE OF BIRTH | (DD/MMM/YYYY) | PLACE OF BIRTH | | COUNTRY OF BIRTH | | CITIZENSHIP | | | | | | |
| PERMANENT ADDRESS | | | | | | POST CODE | | | | | | |
| CORRESPONDENCE ADDRESS (IF DIFFERENT FROM ABOVE) | | | | | | POST CODE | | | | | | |
| TELEPHONE NUMBER | | FAX NUMBER | | E-MAIL ADDRESS | | | | | | | | |

| 3. | AUTHORIZED PERSON (TO BE COMPLETED ONLY IF THE APPLICATION IS SUBMITTED BY AN AUTHORIZED PERSON) | | | | | | |
|---|---|---|---|---|---|---|---|
| ИМЕ | | ПРЕЗИМЕ | | ФАМИЛИЯ | | | |
| NAME | | MIDDLE NAME(S) | | SURNAME | | | |
| PERMANENT ADDRESS | | | | | POST CODE | | |
| CORRESPONDENCE ADDRESS (IF DIFFERENT FROM ABOVE) | | | | | POST CODE | | |
| TELEPHONE NUMBER | | FAX NUMBER | | E-MAIL ADDRESS | | | |
| **DECLARATION OF AUTHORIZED PERSON** | | | | | | | |
| IN MY CAPACITY OF PROXY I DO HEREBY DECLARE THAT THE APPLICATION FORM FOR LICENCE AND THE DOCUMENTS ENCLOSED TO IT HAVE BEEN DELIVERED TO ME BY THE APPLICANT. I AM AWARE OF THE CRIMINAL LIABILITY UNDER ART. 313 FROM THE CRIMINAL CODE FOR DECLARING UNTRUE FACTS. | | | | | | | |
| SIGNATURE OF AUTHORIZED PERSON | | DATE | | | | | |

| 4. | RECOMMENDATIONS FROM AN APPROVED TRAINING ORGANIZATION | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| NAME AND CERTIFICATE NUMBER OF APPROVED TRAINING ORGANIZATION | | | | DATE<br><br>COMPANY STAMP | | | | |
| TYPE OF TRAINING | INTEGRATED | ☐ | MODULAR | ☐ | CLASSROOM ATTENDANCE | ☐ | DISTANCE LEARNING | ☐ |
| COURSE (SPECIFY IF COURSE IS BRIDGE) | | | FROM DATE | TO DATE | THEORETICAL KNOWLEDGE HOURS | ☐ | FLIGHT INSTRUCTION HOURS | ☐ |
| | | | | | | | | |
| | | | | | | | | |
| REPRESENTATIVE OF ORGANIZATION, NAME (CAPITAL LETTERS) | | | POSITION | | SIGNATURE OF REPRESENTATIVE | | | |

| 5. | FLYING EXPERIENCE | | | | | | |
|---|---|---|---|---|---|---|---|
| | AS | | TYPE AIRCRAFT | TYPE AIRCRAFT | TYPE AIRCRAFT | TYPE AIRCRAFT | TOTAL HOURS |
| TOTAL EXPERIENCE AS PILOT | PILOT-IN-COMMAND | | | | | | |
| | STUDENT PILOT-IN-COMMAND (SPIC-INTEGRATED ONLY) | | | | | | |
| | PILOT-IN-COMMAND UNDER SUPERVISION(PICUS) | | | | | | |
| | DUAL INSTRUCTION | | | | | | |
| | CO-PILOT | | | | | | |
| | OTHER HOURS CREDITED (IF APPLICABLE) | | | | | | |
| | **TOTAL** | | | | | | |
| CROSS COUNTRY | PILOT-IN-COMMAND | | | | | | |
| | DUAL INSTRUCTION (IN FLIGHT) | | | | | | |
| | **TOTAL** | | | | | | |
| NIGHT FLYING | PILOT-IN-COMMAND | | | | | | |
| | STUDENT PILOT WITH | | | | | | |
| | **TOTAL** | | | | | | |
| INSTRUMENT FLYING | DUAL INSTRUCTION (IN FLIGHT) | | | | | | |
| | STUDENT PILOT-IN-COMMAND(SPIC-INTEGRATED ONLY) | | | | | | |
| | INSTRUMENT GROUND TIME | FTD 2/3 OR FNPTI | | | | | |
| | | FNPT II/III | | | | | |
| | | FSTD OR FSS | | | | | |
| | FLIGHT TIME (PIC/ CO-PILOT/PICUS) | | | | | | |
| | MCC (AS PART OF COURSE) | | | | | | |
| | **TOTAL** | | | | | | |
| OTHER | FLIGHT ENGINEER | | | | | | |
| | MILITARY PILOT | PILOT-IN-COMMAND | | | | | |
| | | CO-PILOT | | | | | |
| | | DUAL INSTRUCTION | | | | | |
| | | INSTRUMENT FLYING | | | | | |
| | | NIGHT FLYING | | | | | |
| | | **TOTAL** | | | | | |

| 6. | DOCUMENTS ATTACHED TO PART I OF THE APPLICATION | DG CAA ONLY | DG CAA RESERVES ITS RIGHT TO REQUIRE ADDITIONAL DOCUMENTS | DG CAA ONLY |
|---|---|---|---|---|
| IDENTIFICATION CARD (ID) - COPY | | ☐ | FLIGHT INSTRUCTION (CERTIFICATE AND INDIVIDUAL RECORDS BY ATO) | ☐ |
| EDUCATION CERTIFICATE - COPY | | ☐ | FLIGHT LOG (COPY OF THE LAST ENTRY FOR EACH RATING AND LAST PROFICIENCY CHECK ON THEM) | ☐ |
| THEORETICAL EXAMINATION AT DG CAA – COPY (CERTIFICATE) | | ☐ | MEDICAL CERTIFICATE PART-MED - COPY | ☐ |
| THEORETICAL KNOWLEDGE COURSE FOR TYPE OF LICENCE – COPY (CERTIFICATE BY ATO) | | ☐ | LICENCE – COPY (IF APPLICABLE) | ☐ |
| THEORETICAL KNOWLEDGE COURSE FOR CLASS/TYPE AIRCRAFT – COPY (CERTIFICATE BY ATO) | | ☐ | PHOTO - PERSONAL DOCUMENTS FORMAT, COLOR (ONLY AT INITIAL APPLICATION AND WHEN YOU DO NOT HAVE OTHER LICENCE ISSUED BY DG CAA ) | ☐ |
| CERTIFICATE OF LANGUAGE COMPETENCE - COPY | | ☐ | | |

| 7. | **DECLARATION OF APPLICANT** |
|---|---|
| | I HEREBY DECLARE: |
| 1. | THAT I AM AWARE / I AM ABLE TO DEMONSTRATE UNDERSTANDING OF / THE RELEVANT PARTS OF SUBPART-OPS/REG. AIROPS / AND PART-FCL/REG. 1178/11 / REQUIRED FOR ISSUANCE OF CERTIFICATE IN PART-FCL, WHICH I APPLY. |
| 2. | ALL INFORMATION GIVEN IN THE PRESENT FORM IS TRUE, COMPLETE AND CORRECT. |
| 3. | I AM AWARE THAT PROVIDING FALSE INFORMATION IS LIABLE TO ART. 313 OF THE CRIMINAL LAW. |
| 4. | ACCORDING TO ART. 19 OF THE PERSONAL DATA PROTECTION LAW, I HEREBY DECLARE I HAVE AGREED MY PERSONAL DATA WILL BE USED BY THE DG CAA IN THE PROCESS OF PERFORMING THEIR PROFESSIONAL DUTIES AS EMPLOYEES OF THE CIVIL AVIATION ADMINISTRATION. |
| 5. | I AM NOT HOLDING ANY PART-FCL LICENCE ISSUED IN ANOTHER MEMBER STATE. |
| 6. | I NEVER HAD A PART-FCL ISSUED IN ANOTHER MEMBER STATE WHICH WAS REVOKED OR SUSPENDED IN ANY OTHER MEMBER STATE. |

| **SIGNATURE OF APPLICANT** | | **DATE** | |
|---|---|---|---|

| **8.** | **DG CAA USE ONLY** | | |
|---|---|---|---|
| **8.1** | MINIMUM AGE | | ☐ |
| **8.2** | А) MEDICAL CERTIFICATES / (MED.A.030(C)) FOR LIGHT AIRCRAFT PILOT LICENCE (LAPL) - AT LEAST AN LAPL MEDICAL CERTIFICATE | | ☐ |
| | Б) MEDICAL CERTIFICATES / (MED.A.030(C)) FOR PRIVATE PILOT LICENCE (PPL)/ SAILPLANE PILOT LICENCE (SPL)/ BALLOON PILOT LICENCE (BPL) - AT LEAST A CLASS 2 MEDICAL CERTIFICATE | | ☐ |
| | В) MEDICAL CERTIFICATES / (MED.A.030(C)) FOR COMMERCIAL/TRANSPORT PILOT LICENCE (CPL/ATPL) - AT LEAST A CLASS 1 MEDICAL CERTIFICATE | | ☐ |
| **8.3** | LICENCE (IN MODULAR COURSE AND IF APPLICABLE) | | ☐ |
| **8.4** | CERTIFICATE FOR THEORETICAL KNOWLEDGE COURSE | | ☐ |
| **8.5** | CERTIFICATE FOR FLIGHT INSTRUCTION | | ☐ |
| **8.6** | EXPERIENCE AND FLIGHT TIME | | ☐ |
| **8.7** | EXPERIENCE AND FLIGHT TIME **SPECIFIC REQUIREMENTS** | | ☐ |
| **8.8** | CREDITING | | ☐ |
| **8.9** | THEORETICAL EXAMINATIONS | | ☐ |
| **8.10** | **CERTIFICATE FOR LEVEL OF LANGUAGE COMPETENCES** | | ☐ |

| THE CANDIDATE | | | |
|---|---|---|---|
| MEET THE REQUIREMENTS FOR A SKILL TEST | ☐ | DOES NOT MEET THE REQUIREMENTS FOR A SKILL TEST | ☐ |

| **DETERMINE EXAMINER:** | **NAME AND FAMILY** | **REASONS:** |
|---|---|---|
| NAME, FAMILY, SIGNATURE OF INSPECTOR ASSESSED THE APPLICATION | | |
| **OPINION AND SIGNATURE OF HEAD OF PERSONNEL LICENSING DEPARMENT :** | | |

# PART II –ISSUANCE OF A LICENCE AND/OR IR IN ACCORDANCE WITH PART-FCL

| 9. | DOCUMENTS ATTACHED TO PART II OF THE APPLICATION | DG CAA RESERVES ITS RIGHT TO REQUIRE ADDITIONAL DOCUMENTS | DG CAA ONLY |
|---|---|---|---|
| REGISTERED IN THE FILE-KEEPING DEPARTMENT OF THE DG CAA EXAMINER'S CHECK RETURN FORM (ALL NECESSARY DOCUMENTS TO IT, INCLUDING DOCUMENT OF PAID FEE FOR ISSUANCE OF A LICENCE) | | | ☐ |

| 10. | DG CAA USE ONLY | | | | |
|---|---|---|---|---|---|
| APPLICANT | | MEETS THE REQUIREMENTS OF PART-FCL FOR THE ISSUANCE OF LICENCE : | | | |
| DATE OF ISSUE : | | WITH THE FOLLOWING RATINGS AND/OR ENDORSEMENTS | | | |
| RATINGS AND/OR ENDORSEMENTS | RIGHTS/RESTRICTIONS | DATE OF FIRST ENTRY | DATE OF LAST SKILL TEST | DATE OF VALIDITY | |
| | | | | | |
| | | | | | |
| | | | | | |
| WITH A LEVEL OF LANGUAGE PROFICIENCY: | | | | | |
| LEVEL OF LANGUAGE | LANGUAGE | ISSUED BY | DATE OF ISSUE | DATE OF VALIDITY | |
| | | | | | |
| | | | | | |
| **WITH RADIOTELEPHONY:** | | | | | |
| *REASONS FOR DISAPPROVAL* | | | | *DATE OF DISCOVERY* / *DATE OF REMOVAL* | |
| *REASONS FOR DISAPPROVAL* | | | | *DATE OF DISCOVERY* / *DATE OF REMOVAL* | |
| *REASONS FOR DISAPPROVAL* | | | | *DATE OF DISCOVERY* / *DATE OF REMOVAL* | |
| *REASONS FOR DISAPPROVAL* | | | | *DATE OF DISCOVERY* / *DATE OF REMOVAL* | |
| NAME, FAMILY, SIGNATURE OF INSPECTOR | | | | | |