

SKILL TEST IR(H) HELICOPTER SE ME

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:
Fornavne/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:	IFR Flight Time	Cross-Country:PIC	Instrument Flight Instruction	Instrument Ground time:	Night:Qualification obtained date?
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 to be 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: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 2: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 3: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 4: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 5: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 6: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Final result: <input type="checkbox"/> Passed <input type="checkbox"/> Partial Pass <input type="checkbox"/> Failed			Temporary permit to act as pilot issued (copy enclosed): <input type="checkbox"/> Yes <input type="checkbox"/> No Valid until:		

Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections

Name of Applicant:	
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SECTION 1 DEPARTURE		Passed	Failed
Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections			
a	Use of flight manual (or equivalent) especially aircraft performance calculation, mass and balance		
b	Use of Air Traffic Services document; weather document		
c	Preparation of ATC flight plan; IFR flight plan/log		
d	Pre-flight inspection		
e	Weather Minima		
f	Taxiing/Air taxi in compliance with ATC or instructions of instructor		
g	Pre-take off briefing; procedures and checks		
h	Transition to instrument flight		
i	Instrument departure procedures		

SECTION 2 GENERAL HANDLING		Passed	Failed
a	Control of the helicopter by reference solely to instruments, including:		
b	Climbing and descending turns with sustained rate one turn		
c	Recoveries from unusual attitudes, including sustained 30° bank turns and steep descending turns		

SECTION 3 EN-ROUTE IFR PROCEDURES		Passed	Failed
a	Tracking, including interception; e.g. NDB; VOR; RNAV		
b	Use of radio aids		
c	Level flight, control of heading, altitude and airspeed, power setting		
d	Altimeter setting		
e	Timing and revision of ETAs		
f	Monitoring of flight progress, flight log, fuel usage, systems management		
g	Ice protection procedures, simulated if necessary and applicable		
h	ATC liaison and compliance; R/T procedures		

Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections

Name of Applicant:	
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SECTION 4 PRECISION APPROACH PROCEDURE		Passed	Failed
a	Setting and checking of navigational aids, identification of facilities		
b	Arrival procedures, altimeter checks		
c	Approach and landing briefing, including descent/approach/landing checks		
d*	Holding procedure		
e	Compliance with published approach procedure		
f	Approach timing		
g	Altitude, speed, heading control, (stabilised approach)		
h*	Go-around action		
l*	Missed approach procedure/landing		
j	ATC liaison – compliance; R/T procedures		

* to be performed in Section 4 or Section 5

SECTION 5 NON-PRECISION APPROACH PROCEDURE		Passed	Failed
a	Setting and checking of navigational aids, identification of facilities		
b	Arrival procedures, altimeter checks		
c	Approach and landing briefing, including descent/approach/landing checks		
d*	Holding procedure		
e	Compliance with published approach procedure		
f	Approach timing		
g	Altitude, speed, heading control, (stabilised approach)		
h*	Go-around action		
i*	Missed approach procedure/landing		
j	ATC liaison – compliance, R/T procedures		

* to be performed in Section 4 or Section 5

SECTION 6 ABNORMAL AND EMERGENCY PROCEDURES (This section may be combined with sections 1 through 5)		Passed	Failed
a	Engine failure after take-off and on/during approach (Multi-engine helicopter only) (At safe altitude or in Flight Simulator or FNPT II/III, FTD 2.3)		
b	Failure of stability augmentation devices/hydraulic system (if applicable)		
c	Limited panel		
d	Autorotation and recovery to a pre-set altitude		
e	Precision approach manually without flight director* Precision approach manually with flight director* *(Only one item to be tested)		

Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections

Name of Applicant:	
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Details of the flight

Aircraft registration	On block	On ground	
Departure aerodrome	Off block	Airborne	
Destination aerodrome	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:
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Name of Applicant:	
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In accordance with ARA.GEN.315(a), (b) – (c)

Undertegnede bekræfter hermed, at jeg ved 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: _____