

Report Form on combined OPC/LPC

For the purpose of revalidation of a rating in accordance with FCL.740.A/FCL.740.H

A. Details on applicant:

CPR-nr./Date of Birth:	Certifikat nr./Licence no:	Udstedende Stat/State of Licence Issue:
Fornavne/First name(s):		Efternavn/Last name:

B. Details on OPC/LPC:

Name of AOC-holder with which OPC/LPC was performed:		
Address:		
Approved by (State name of CAA):		
Date of OPC/LPC:	Aircraft type:	<input type="checkbox"/> PIC <input type="checkbox"/> Co-pilot
OPC/LPC was performed: <input type="checkbox"/> Simulator <input type="checkbox"/> Aircraft <input type="checkbox"/> IFR <input type="checkbox"/> VFR PBN <input type="checkbox"/>		

C. To be completed by the Examiner:

I, undersigned authorised examiner, hereby declare that I have conducted a combined OPC/LPC with the above mentioned licence holder with following result: <input type="checkbox"/> Passed <input type="checkbox"/> Failed					
Name of Examiner:			Examiners Authorisation No.:		
I have entered the following details in the applicants licence:					
Rating		Date of check		Valid until	
Rating		Date of check		Valid until	
<input type="checkbox"/> I have not endorsed the licence					
Date and signature of Examiner:					
D. If OPC/LPC is failed, list the failed items according to Appendix 9:					