

SKILL TEST - BALLOON (HOT-AIR)

Application and report form

A. Udfyldes af ansøgeren/To be filled out by the applicant:

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/DTO:

Name of ATO: (Use stamp):			
Specification of flight time			
Total:	Dual	Solo	Flight time during LAPL(B) course:
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 being 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	
Final result: <input type="checkbox"/> Passed <input type="checkbox"/> Partial Pass <input type="checkbox"/> Failed		

Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.

Name of Applicant:	
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SECTION 1 PRE-FLIGHT OPERATIONS, INFLATION AND TAKE-OFF		Passed	Failed
a	Pre-flight documentation, flight planning, NOTAM and weather briefing		
b	Ballon inspection and servicing		
c	Load calculation		
d	Crowd control, crew and passenger briefings		
e	Assembly and layout		
f	Inflation and pre-take-off procedures		
g	Take-off		
h	ATC compliance (if applicable)		

SECTION 2 GENERAL AIRWORK		Passed	Failed
a	Climb to level flights		
b	Level flight		
c	Descent to level flight		
d	Operating at low level		
e	ATC compliance (if applicable)		

SECTION 3 EN-ROUTE PROCEDURES		Passed	Failed
a	Dead reckoning and map reading		
b	Marking positions and time		
c	Orientation and airspace structure		
d	Maintenance of altitude		
e	Fuel management		
f	Communication with retrieve crew		
g	ATC compliance		

SECTION 4 APPROACH AND LANDING PROCEDURES		Passed	Failed
a	Approach from low level, missed approach and fly on		
b	Approach from high level, missed approach and fly on		
c	Pre-landing checks		
d	Passenger pre-landing briefing		
e	Selection of landing field		
f	Landing, dragging and deflation		
g	ATC compliance (if applicable)		
h	Actions after flight		

Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.

Name of Applicant:	
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SECTION 5 ABNORMAL AND EMERGENCY PROCEDURES		Passed	Failed
a	Simulated fire on the ground and in the air		
b	Simulated pilot light and burner failures		
c	Other abnormal and emergency procedures as outlined in the appropriate flight manual		
d	Oral questions		

Details of the flight	
Destination aerodrome	Time (hrs:min)
Departure aerodrome	Time (hrs:min)
Aircraft registration	Total flight time

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.
- 4.

Note:

Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorisation, etc.

Dato/Date: _____

Underskrift/Signature: _____