

SINGLE/MULTI-PILOT HELICOPTER					
SKILL TEST ATPL(H)		SKILL TEST TYPE RATING(H)		PROFICIENCY CHECK(H)	
License Endorsement:		IR(H) SE: YES NO		PIC CO-PILOT	
		IR(H) ME: YES NO		SP OPS MP OPS	

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

Date of Birth:		Certifikat nr/Licence no:		Udstedende Stat/State of Licence Issue:	
Fornavn/First name(s):			Efternavn/Last name:		
Gade eller vej/Street:					
Postnr. og by/Postal code and city:		E-mail:		Tlf./Telephone:	
Specification of flight time Only Skill Test for the issue of ATPL(H)					
Total:	PIC:	Multi-pilot operations:	Total Cross-country:	PIC Cross-country:	Instrument time: Night:
Specification of flight time Type Rating Skill Test or Proficiency check					
Total:		Total on type:		Route sectors latest validity period:	
Dato for underskrift/Date of signature:				Underskrift/Signature:	

B. Udfyldes af ATO/ To be filled in by ATO

Name of ATO (Use stamp):		
If issue or renewal: Flight time during training:		
State if Zero Flight Time Training: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of signature of Head of Training:	Signature of Head of Training:

C. Udfyldes af examiner/ To be filled in by the examiner

Date of test:		Licence Endorsement:		Type of aircraft:	
Name of examiner:		Authorization no of examiner:		Stamp of examiner:	
Result of the test/check					
Section 1 Items failed:	Section 2 Items failed:	Section 3 Items failed:	Section 4 Items failed:	Section 5 Items failed:	Section 6 Items failed:
Final result: <input type="checkbox"/> Passed = All items passed <input type="checkbox"/> Partial Pass = 1 –5 items failed <input type="checkbox"/> Failed = More than 5 items failed		RNP approach: <input type="checkbox"/> One of the approaches flown is an RNP approach		Section 5: <input type="checkbox"/> Passed = All items passed <input type="checkbox"/> Partial Pass = 1-3 items failed (Section 5) <input type="checkbox"/> Failed 0 More than 3 items failed (Section 5)	
Proficiency check only: I have entered the following details in the applicants licence:					
Rating:		Date of check:		Valid until:	
Rating:		Date of check:		Valid until:	
I hereby verify that the applicant has passed the required training and that the applicant fulfils the requirements 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.			Temporary permission to exercise privileges (Skill test only, copy enclosed): <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
Date and signature of examiner:					

Name of Applicant:	
--------------------	--

For detailed instructions see Commission Regulation 1178/2011 Appendix 9
 Use of checklist, airmanship, control of helicopter by external visual reference, anti/de-icing procedures, etc. apply in all sections.

1	SECTION 1 Pre-flight Preparations and Checks	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked	FSTD or H
1.1	Helicopter exterior visual inspection; location of each item and purpose of inspection		P		M				
1.2	Cockpit inspection	P	→		M				
1.3	Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies	P	→		M				
1.4	Taxiing/air taxiing in compliance with ATC instructions or with instructions of an instructor	P	→		M				
1.5	Pre-take-off procedures and checks	P	→		M				

2	SECTION 2 Flight Manoeuvres and procedures	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked	FSTD or H
2.1	Take off (various profiles)	P	→		M				
2.2	Sloping ground or x-wind take-off and landings	P	→						
2.3	Take-off at maximum take-off mass (actual or simulated MTOM)	P	→						
2.4	Take-off with simulated engine failure Shortly before reaching TDP, or DPATO	P	→		M*				
2.4.1	Take-off with simulated engine failure Shortly after reaching TDP, or DPATO	P	→		M*				
2.5	Climbing and descending turns to specified headings	P	→		M				
2.5.1	Turns with 30 degrees bank, 180 degrees to 360 degrees left and right, by sole reference to instruments	P	→		M				
2.6	Autorotative descent	P	→		M				
2.6.1	Autorotative landing(SEH only) or power recovery	P	→		M				
2.7	Landings, various profiles:	P	→		M				
2.7.1	Go around or landing following simulated engine failure before LDP or DPBL	P	→		M*				
2.7.2	Landing following simulated engine failure after LDP or DPBL	P	→		M*				

*ME only

3	SECTION 3 Normal and abnormal operations of the following systems and procedures A minimum of 3 items shall be selected from this section	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked	FSTD or H
3.1	Engine	P	→		See next page				
3.2	Air conditioning (heating, ventilation)	P	→						
3.3	Pitot/static system	P	→						
3.4	Fuel system	P	→						

Name of Applicant:	
--------------------	--

	Section 3 continued	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked FSTD or H
3.5	Electrical system	P	→		Select min. 3 items from section 3.1 to 3.15			
3.6	Hydraulic system	P	→					
3.7	Flight control and Trim-system	P	→					
3.8	Anti- and de-icing system	P	→					
3.9	Autopilot/Flight director	P	→					
3.10	Stability augmentation devices	P	→					
3.11	Weather radar, radio altimeter, transponder	P	→					
3.12	Area Navigation System	P	→					
3.13	Landing gear system	P	→					
3.14	Auxiliary power unit	P	→					
3.15	Radio, navigation equipment, instruments, flight management system	P	→					

4	SECTION 4 Normal and abnormal operations of the following systems and procedures A minimum of 3 items shall be selected from this section	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked FSTD or H
4.1	Fire drills (including evacuation if applicable)	P	→		Select min. 3 items from this section			
4.2	Smoke control and removal	P	→					
4.3	Engine failures, shut down and restart at a safe height	P	→					
4.4	Fuel dumping (simulated)	P	→					
4.5	Tail rotor control failure (if applicable)	P	→					
4.5.1	Tail rotor loss (if applicable)	P	X					
4.6	Incapacitation of crew member - MPH only	P	→					
4.7	Transmission malfunctions	P	→					
4.8	Other emergency procedures as outlined in AFM	P	→					

Name of Applicant:	
--------------------	--

5	SECTION 5 Instrument Flight Procedures. (To be performed IMC or simulated IMC)	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked	FSTD or H
5.1	Instrument take-off: transition to instrument flight is required as soon as possible after airborne	P*	→						
5.1.1	Simulated engine failure during departure	P*	→		M*(**)				
5.2	Adherence to departure and arrival routes and ATC instructions	P*	→		M*				
5.3	Holding procedures	P*	→						
5.4	3D operations to DH/A of 200 feet(60m) or to higher minima if required by the appr. procedure	P*	→						
5.4.1	Manually without flight director	P*	→		M*				
5.4.2	Manually, with flight director	P*	→		M*				
5.4.3	With coupled autopilot	P*	→						
5.4.4	Manually with one engine simulated inoperative. (Engine failure has to be simulated during final approach before passing 1000 feet above aerodrome level until touch down or until completion of the missed approach procedure)	P*	→		M*(**)				
5.5	2D operations down to MDA/H	P*	→		M*				
5.6	Go-around with all engines operating on reaching DA/DH or MDA/MDH	P*	→						
5.6.1	Other missed approach procedures	P*	→						
5.6.2	Go-around with one engine simulated inoperative on reaching DH/MDA	P*			M*(**)				
5.7	IMC autorotation with power recovery	P*	→		M*				
5.8	Recovery from unusual attitudes	P*	→		M*				

(*) =Shall be flown in actual or simulated IMC

(**) =ME Helicopters only

(***) =SE Helicopters only

6	SECTION 6 Use of optional equipment	FSTD	H	Instructor initials when training completed	Mandatory	Passed	Failed	Checked	FSTD or H
6	Use of optional equipment	P*	→						

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:

**** In case of test/check in simulator, enter time in simulator and not block time

Remarks/Overall assessment/Reasons for failure (if applicable):
Name of instructor present at the Skill Test:
Signature of Examiner:
Signature of Applicant:

Aircraft Training:

Aircraft training completed date:	Aircraft type:	No of landings:	TRI/TRE Name:	Signature of TRI/TRE:
Off block:	Airborne:	On ground:	On block:	Tot. block time:
				Tot. airborne time:

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, authorization, etc.

Dato:/Date: _____

Underskrift:/Signature: _____