



Form
525

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΗΡΕΣΙΑ ΠΟΛΙΤΙΚΗΣ ΑΕΡΟΠΟΡΙΑΣ
HELLENIC REPUBLIC
HELLENIC CIVIL AVIATION AUTHORITY
MEMBER OF EASA
ΜΕΛΟΣ ΤΗΣ EASA

Αρ.Πρωτ. / Ref.No



ΑΙΤΗΣΗ
Application Form

ΠΡΟΣ: Την ΥΠΑ, Διεύθυνση Πτητικών Προτύπων, Τμήμα Πτυχιών και Αδειών, Λέωντος 4 και Ελευθερίας, Αργυρούπολη 164 52, Ελλάδα
TO: The HCAA, Flight Standards Division, Licensing Section, Leondos 4 and Eleftherias str. Argiroupolis 164 52, Greece

Class/Type Rating SPA (Single Pilot Aeroplane) except HPCA – Skill Test / Proficiency Check (FCL.625 & FCL.740 Appendix 9 to Part-FCL)

1 Type of application

- I apply for the issue of: (Initial Skill Test) SE ME PBN Aeroplane: _____
(EASA list of CR/TR)
- I apply for the CR/TR Revalidation
- I apply for the CR/TR Renewal, expired < 3 months between 3 months and 1 year between 1 and 3 years
- I apply for the IR Revalidation
- I apply for the IR Renewal, expired < 3 months between 3 months and 1 year between 1 and 7 years
- REPETITION OF PARTIAL PASSED ST/PC from date: _____
- REPETITION OF FAILED ST/PC

2 Applicant

Όνομα: Name:	Επώνυμο: Surname:	Όνομα Πατρός: Father's Name:	
Οδός: Street:	Τοποθεσία / Πόλη: Place / City:	TK: Post code:	Χώρα: Country:
A.Δ.Τ. ή Διαβατηρίου: ID or Passport Number:	No τηλ: Tel No:	Κινητό: Mobile:	
Ηλεκτρονικό Ταχυδρομείο: email:	Χώρα έκδοσης, Είδος & No Πτυχίου: Country, Type & No of License held:		
Ημερομηνία Γεννήσεως: Date of Birth:	Τόπος Γεννήσεως: Place of Birth:	Ιθαγένεια: Nationality:	Υπηκοότητα: Citizenship:

**ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ:
DECLARATION:**

A. Με ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις (1), που προβλέπονται από τις διατάξεις της παρ. 6 του άρθρου 22 του Ν.1599/1986, δηλώνω ότι τα περιεχόμενα στην παρούσα αίτηση μου στοιχεία είναι ακριβή (2) και αληθή (3) και έχω πληρώσει τα αντίστοιχα τέλη.

ΣΗΜΕΙΩΣΗ:

(1) «Όποιος εν γνώσει του δηλώνει ψευδή γεγονότα ή αρνείται ή αποκρύπτει τα αληθινά με την έγγραφη υπεύθυνη δήλωση του άρθρου 8, τιμωρείται με φυλάκιση τουλάχιστον τριών μηνών. Εάν ο υπαίτιος αυτών των πράξεων σκόπευε να προσπορίσει στον εαυτό του ή σε άλλον περιουσιακό όφελος βλάπτοντας τρίτον ή σκόπευε να βλάψει άλλον, τιμωρείται με κάθειρξη μέχρι 10 ετών.

(2) Η ακρίβεια των στοιχείων που υποβάλλονται με αυτή τη δήλωση μπορεί να ελεγχθεί με βάση το αρχείο άλλων υπηρεσιών (άρθρο 8 παρ. 4 Ν. 1599/1986).

(3) Οιαδήποτε ψευδής παρουσίαση ή δήλωση ή απόκρυψη πληροφοριών στην παραπάνω αίτηση θα έχει ως συνέπεια την απόρριψή της, την ποινική δίωξη των υπευθύνων κατά το άρθρο 42 ή 220 του Ποινικού Κώδικα και την ανάκληση από την ΥΠΑ οποιουδήποτε ισχύοντος αεροπορικού Πτυχίου ή Πιστοποιητικού Υγείας.

On my own responsibility and knowing the presumable penalties (1), by the paragraph 6 of the article 22 of the N.1599/1986, I declare that the included elements in my present application are accurate (2) and true (3) and I have paid the applicable fees.

NOTE:

(1) "Whoever, under his own knowledge, declares untrue facts or denies or withholds the true facts within his/her written declaration under the article 8, he/she will be punished with imprisonment of at least three months. If the responsible of these actions intended, for his own benefit or other's benefit, to draw financial profit harming third person or he/she intended to harm other, he/she will be punished with imprisonment for a term up to 10 years.

(2) The accuracy of the elements that are submitted with this declaration can be checked on the basis of a check into other agency's archives (article 8 paragraphs 4 N.1599/1986).

(3) Any untrue presentation or declaration or dissimulation of information within the above application will have as a consequence its rejection, the penal prosecution of responsible persons according to the article 42 or 220 of the Penal Code and the revocation of every valid aviation license or Medical Certificate by the Hellenic CAA.

B. Ο Ευρωπαϊκός Κανονισμός (ΕΥ) Νο. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως η διαχείριση όλων των αδειών/πτυχιών του ενδιαφερομένου να πραγματοποιείται από την Αρχή (ΥΠΑ), η οποία κατέχει και τα ιατρικά δεδομένα αυτού. (Part MED. A.030 and Part FCL. 015)
Εάν τα ιατρικά δεδομένα δεν βρίσκονται στην Ελληνική Υπηρεσία Πολιτικής Αεροπορίας, η αίτηση θα εκκρεμεί έως την ενημέρωση των αντιστοίχων φακέλων του αιτούντος.
*European Commission Regulation (EU) No 1178/2011 as amended, requires that an individual keeps all his/her licenses administered by the competent authority (HCAA) that holds his/her medical records. (Part MED A. 030 and Part FCL. 015)
If the medical records of the applicant are not held by the HCAA, his/her application will be pending until the updates of his/her files.*

Τόπος: Place:	Ημερομηνία: Date:	Υπογραφή αιτούντος: Signature of Applicant:
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ΧΡΗΣΗ ΜΟΝΟ ΑΠΟ ΤΗΝ ΥΠΑ, ΠΑΡΑΤΗΡΗΣΕΙΣ (HCAA USE ONLY, REMARKS)

Inspecting Officer

Aviation Safety Inspector

Head of Licensing Section

Director of Flight Standards
Division

3 Payment methods

Όλα τα τέλη πρέπει να προπληρωθούν. Παράλειψη συμμόρφωσης θα έχει σαν αποτέλεσμα την επιστροφή της αίτησής σας και την τελική απόρριψή της.
All fees must be paid in advance; failure to do so will cause the rejection of your application.
Τα τέλη για τα πτυχία, τις σχετιζόμενες ικανότητες και αξιολογήσεις, περιλαμβάνονται στην πιο πρόσφατη Διυπουργική Απόφαση Τελών.
The fees for licenses, associated ratings and assessments are contained in the latest Interministerial Decision of Charges.

Συμπληρώστε τα Νούμερα των Ισχυόντων Παραβόλων ή e-Παραβόλων του Δημοσίου
Fill in the Numbers of the valid Fees or e-Fees of the State

4 ONLY in case of RENEWAL of expired ratings:

4a Confirmation by the FI/CRI conducting the training

Από (Ημ/νία)
From (Date)

Έως (Ημ/νία)
Until (Date)

Εκπαιδευτής FI/CRI(Όνομ/μο)
Instructor FI/CRI (Full Name)

Αριθμός Πτυχίου
License Number

Ημερομηνία και Υπογραφή του Εκπαιδευτή FI/CRI
Date and Signature of FI/CRI

Ο FI/CRI επιβεβαιώνει ότι η εκπαίδευση έγινε σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών είναι κατάλληλος για να συμμετάσχει στο skill test/proficiency check.

The FI/CRI confirms that the training was performed in compliance with the provision of Part-FCL and the approved training manuals, and that the applicant is fit for skill test/proficiency check.

4b Confirmation by the ATO

Από (Ημ/νία)
From (Date)

Έως (Ημ/νία)
Until (Date)

Προϊστάμενος Εκπαίδευσης(Όνομ/μο)
Head of Training (Full Name)

ATO (Αριθμός Έγκρισης)
ATO (Approval Number)

Υπογραφή του Προϊστάμενου Εκπαίδευσης & Σφραγίδα ATO
Signature of Head of Training and Stamp of ATO

Ο Προϊστάμενος της Εκπαίδευσης επιβεβαιώνει ότι η εκπαίδευση έγινε σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών εξασφαλίζει το επίπεδο επάρκειας που απαιτείται.

The Head of Training confirms that the training has been performed in compliance with Part-FCL and the approved training manuals, and that the applicant assures the level of proficiency required.

5 Attached documents

ATTACHED DOCUMENTS (Mandatory - Please tick ✓)	REQUIREMENTS	FILLED BY ATO/EXAMINER/APPLICANT	EXAMINER CHECK	HCAA ONLY
Certificate ATO (Non Hellenic)	<input type="checkbox"/> Certificate (copy)		<input type="checkbox"/>	<input type="radio"/>
Certificate FSTD (Non Hellenic)	<input type="checkbox"/> Certificate (copy)	<i>(In case of an Hellenic ATO it must have been endorsed to the Approval Certificate attachment)</i>	<input type="checkbox"/>	<input type="radio"/>
Document of identification	<input type="checkbox"/> Copy <i>(For Skill test only)</i>		<input type="checkbox"/>	<input type="radio"/>
Pilot License		License: _____	<input type="checkbox"/>	<input type="radio"/>
EASA Medical Certificate	<input type="checkbox"/> Class 1 (copy - if applicable)	Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Hellenic EASA Medical Certificate	Class 1	Valid until: _____	<input type="checkbox"/>	<input type="radio"/>
Logbook filled and signed <i>(For Skill test only)</i>	<input type="checkbox"/> Logbook & copies of relevant pages for verification	Total Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Completion Certificate for the full training courses by the ATO	<input type="checkbox"/> Original Document	<i>(when applicable only)</i>	<input type="checkbox"/>	<input type="radio"/>
Confirmation of payment of the required fees	(see #3: payment methods)	Please fill correctly the original receipt's number on #3 above	<input type="checkbox"/>	<input type="radio"/>

6 Summary of knowledge and flight experience before the skill test/proficiency check is taken

Chose the applicable (Initial or Revalidation or Renewal)

<input type="checkbox"/> INITIAL ISSUE CR/TR	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
1) Training course	Certificate by ATO			○
2) Theoretical Knowledge examination	Certificate by ATO			○
3) Skill Test ¹				○

<input type="checkbox"/> REVALIDATION CR/TR/IR	REQUIREMENTS	FILLED BY ATO/EXAMINER/APPLICANT	EXAMINER CHECK	HCAA ONLY
Only for IR Revalidation – Last IR Prof. Check was performed: <input type="checkbox"/> Aeroplane <input type="checkbox"/> FNPT II <input type="checkbox"/> FFS				
1) Proficiency Check ²			<input type="checkbox"/>	○
<i>or</i>			or	or
2) Experience (choose the applicable A or B)			<input type="checkbox"/>	○
<input type="checkbox"/> A – Multi-Engine (During validity of the rating)			Multi-Engine	
a) Route sectors	min. 10	N° sectors: _____	<input type="checkbox"/>	○
<i>or</i>			or	or
b) Route sector or FFS ³	min. 1		<input type="checkbox"/>	○
<input type="checkbox"/> B – SEP aeroplanes or TMG			SEP/TMG	
Flight time: (within 12 months)	min. 12 hours	Hours: _____		○
a) PIC	min. 6 hours	Hours: _____		○
b) Take-offs/Landings	12/12	Take-offs: _____ Landings: _____		○
c) Training Flight ⁴	min. 1 hour	Hours: _____		○
<i>or</i> CR/TR Prof. Check/Skill Test		<i>or</i> Date: _____		○

<input type="checkbox"/> RENEWAL CR/TR/IR	REQUIREMENTS		EXAMINER CHECK	HCAA ONLY
1) Refresher Training	Certificate by ATO			○
2) Proficiency Check				○

PRE-REQUISITES	REQUIREMENTS	FILLED BY ATO/EXAMINER/APPLICANT	EXAMINER CHECK	HCAA ONLY
HPA non-complex:				
1) Flying Experience	min. 200 hours	Hours: _____	<input type="checkbox"/>	○
a) as PIC aeroplanes	min. 70 hours	Hours: _____	<input type="checkbox"/>	○
2) Theoretical Knowledge:				
a) Additional Theoretical Knowledge	Certificate by ATO	Date: _____ Rate: _____	<input type="checkbox"/>	○
<i>or</i>	<i>or</i>	<i>or</i>	or	or
b) ATPL(A) Theoretical Knowledge	Passed	Date: _____	<input type="checkbox"/>	○
<i>or</i>	<i>or</i>	<i>or</i>	or	or
c) ATPL(A) or CPL(A)/IR ⁵	Hold	Date: _____		○
3) For MPA operations				
a) MCC(A) course	Certificate	Certificate date: _____	<input type="checkbox"/>	○
<i>or</i>	<i>or</i>	<i>or</i>	or	or
b) MCC(H) course <i>and</i>	Certificate	Certificate date: _____	<input type="checkbox"/>	○
i) MPH hours	min. 100 hours	Hours: _____	<input type="checkbox"/>	○
<i>or</i>	<i>or</i>	<i>or</i>	or	or
c) MPH hours	min. 500 hours	Hours: _____	<input type="checkbox"/>	○
<i>or</i>	<i>or</i>	<i>or</i>	or	or
d) Pilot MPA operations on SPA multi-engine, in CAT	min. 500 hours	Hours: _____	<input type="checkbox"/>	○

NOTE:

¹ Pass the skill test within a period of 6 months after start CR/TR training course and within a period of 6 months preceding the application for the issue of the CR/TR.

² Relevant class or type or an FSTD representing that class or type, within the 3 months immediately preceding the expiry date of the rating.

³ As pilot of the relevant CR/TR or FFS, flown with an examiner. This route sector may be flown during the proficiency check.

⁴ With a FI or a CRI. Applicants shall be exempted from this flight if they have passed a CR/TR proficiency check or skill test in any other CR/TR of aeroplane.

⁵ With theoretical knowledge credit for ATPL(A), Issued in accordance with Annex 1 to the Chicago Convention.

**ΥΠΟΨΗΦΙΟΣ
APPLICANT**

ΟΝΟΜΑ FIRST NAME	ΕΠΙΘΕΤΟ LAST NAME	ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ DATE OF BIRTH	ΤΟΠΟΣ ΓΕΝΝΗΣΗΣ PLACE OF BIRTH

**ΠΡΟΤΑΣΗ ΓΙΑ SKILL TEST
RECOMMENDED FOR SKILL TEST**

ΟΝΟΜΑ ΕΚΠΑΙΔΕΥΤΗ FIRST NAME	ΕΠΙΘΕΤΟ ΕΚΠΑΙΔΕΥΤΗ LAST NAME	ΝΟΥΜΕΡΟ ΕΚΠΑΙΔΕΥΤΗ INSTRUCTOR'S NUMBER

**ΕΞΕΤΑΣΤΗΣ
EXAMINER**

ΟΝΟΜΑ FIRST NAME	ΕΠΙΘΕΤΟ LAST NAME	ΝΟΥΜΕΡΟ ΕΞΕΤΑΣΤΗ EXAMINER'S NUMBER	ΘΕΣΗ ΤΟΥ ΕΞΕΤΑΣΤΗ ΣΤΟ Α/ΦΟΣ EXAMINER'S AIRCRAFT SEAT		
			Δεξιά Right <input type="checkbox"/>	Αριστερή Left <input type="checkbox"/>	Πίσω Rear <input type="checkbox"/>

**ΑΕΡΟΣΚΑΦΟΣ
AIRCRAFT**

ΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΗΛΗ CLASS/TYPE/VARIANT	ΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ REGISTRATION	PIC	COPI	MPOps
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FSTD
- IF APPLICABLE**

ΤΑΞΗ/ΤΥΠΟΣ/ΠΑΡΑΛΛΗΛΗ CLASS/TYPE/VARIANT	FSTD - ID	FFS Level	FSTD OPERATOR	LOCATION

**ΛΕΠΤΟΜΕΡΕΙΕΣ ΤΗΣ ΠΤΗΣΗΣ
FLIGHT DETAILS**

ΗΜΕΡΟΜΗΝΙΑ ΤΗΣ ΕΞΕΤΑΣΗΣ DATE OF TEST	ΧΡΟΝΟΣ ΣΤΑ ΧΕΙΡΙΣΤΗΡΙΑ TIME ON CONTROLS	ΑΡΙΘΜΟΣ ΠΡΟΣΓΕΙΩΣΕΩΝ NUMBER OF LANDINGS	ΑΡΙΘΜΟΣ ΠΡΟΣΕΓΓΙΣΕΩΝ NUMBER OF APPROACHES

**ΣΚΕΛΟΣ Νο1
LEG No1**

BLOCK-OFF	ΑΝΑΧΩΡΗΣΗ / DEPARTURE	ΠΡΟΟΡΙΣΜΟΣ / DESTINATION	BLOCK-ON

**ΣΚΕΛΟΣ Νο2
LEG No2**

BLOCK-OFF	ΑΝΑΧΩΡΗΣΗ / DEPARTURE	ΠΡΟΟΡΙΣΜΟΣ / DESTINATION	BLOCK-ON

IR PBN Privileges : To establish or maintain PBN privileges one approach shall be an RNP Approach, either 2D or 3D (applicable in section 3B-4, 3B-5). When an RNP Approach is not possible, it shall be performed in an appropriately equipped FSTD.

Details of RNP 2D-3D ops : Airport _____, Rwy _____, Type of App _____

2D-3D ops : Airport _____, Rwy _____, Type of App _____

SINGLE-PILOT AEROPLANES, EXCEPT FOR HIGH-PERFORMANCE COMPLEX AEROPLANES	PRACTICAL TRAINING				CLASS/TYPE RATING SKILL TEST/ PROF CHECK		
	Manoeuvres/Procedures	FTD	FFS	A	Instructors initials & date training completed	Chkd In FFS A	Examiners initials & date test completed
SECTION 1							
1 Departure							
1.1	Pre-flight including: Documentation; Mass and Balance; Weather briefing; NOTAM						
1.2	Pre-start checks						
1.2.1	External	P#		P			
1.2.2	Internal			P		M	
1.3	Engine starting: Normal; Malfunctions	P →	→	→		M	
1.4	Taxiing		P →	→		M	
1.5	Pre-departure checks: Engine run-up (if applicable)	P →	→	→		M	
1.6	Take-off procedure: Normal with Flight Manual flap settings; Crosswind (if conditions available)		P →	→			
1.7	Climbing: Vx/Vy Turns onto headings; Level off		P →	→		M	
1.8	ATC liaison - Compliance, R/T procedure						
SECTION 2							
2 Airwork (VMC)							
2.1	Straight and level flight at various airspeeds including flight at critically low airspeed with and without flaps (including approach to VMCA when applicable)		P →	→			
2.2	Steep turns (360° left and right at 45° bank)		P →	→		M	
2.3	Stalls and recovery: i. Clean stall ii. Approach to stall in descending turn with bank, with approach configuration and power iii. Approach to stall in landing configuration and power iv. Approach to stall, climbing turn with take-off flap and climb power (single-engine aeroplane only)		P →	→		M	
2.4	Handling using autopilot and flight director (may be conducted in Section 3) if applicable		P →	→		M	
2.5	ATC liaison - Compliance, R/T procedure						
SECTION 3A							
3A En-route procedures VFR							
3A.1	Flight plan, dead reckoning and map reading						
3A.2	Maintenance of altitude, heading and speed						
3A.3	Orientation, timing and revision of ETAs						
3A.4	Use of radio navigation aids (if applicable)						
3A.5	Flight management (flight log, routine checks including fuel, systems and icing)						
3A.6	ATC liaison - Compliance, R/T procedure						

Τόπος:
Place:

Ημερομηνία:
Date:

Υπογραφή Εξεταστή:
Examiner's Signature:

SECTION 3BRNP 2D/3D ops (if applicable): **3B Instrument flight**

3B.1* Departure IFR		P→	→		M	
3B.2* En-route IFR		P→	→		M	
3B.3* Holding procedures		P→	→		M	
3B.4* ILS to DH/A of 200' (60 m) or to procedure minima (autopilot may be used to glideslope intercept) - (3D ops)		P→	→		M	
3B.5* Non-precision approach to MDH/A and MAP - (2D/CDFA)		P→	→		M	
3B.6* Flight exercises including simulated failure of the compass and attitude indicator; Rate 1 turns; Recoveries from unusual attitudes	P→	→	→		M	
3B.7* Failure of localiser or glideslope	P→	→	→			
3B.8* ATC liaison - Compliance, R/T procedure						

SECTION 4**4 Arrival and landings**

4.1 Aerodrome arrival procedure		P→	→		M	
4.2 Normal landing		P→	→		M	
4.3 Flapless landing		P→	→		M	
4.4 Crosswind landing (if suitable conditions)		P→	→			
4.5 Approach and landing with idle power from up to 2000 ft above the runway (single-engine aeroplane only)		P→	→			
4.6 Go-around from minimum height		P→	→		M	
4.7 Night go-around and landing (if applicable)	P→	→	→			
4.8 ATC liaison - Compliance, R/T procedure						

SECTION 5**5 Abnormal and emergency procedures**

(This Section may be combined with Sections 1 through 4)

5.1 Rejected take-off at a reasonable speed		P→	→		M	
5.2 Simulated engine failure after take-off (single-engine aeroplanes only)			P		M	
5.3 Simulated forced landing without power (single-engine aeroplanes only)			P		M	
5.4 Simulated emergencies: i. Fire or smoke in flight ii. Systems malfunctions as appropriate	P→	→	→			
5.5 Engine shutdown and restart (ME skill test only) (the limits acc. FEM have to be observed)	P→	→	→			
5.6 ATC liaison - Compliance, R/T procedure						

SECTION 6**6 Simulated asymmetric flight**

6.1* (This Section may be combined with Sections 1 through 5) Simulated engine failure during take-off (at a safe altitude unless carried out in FFS or FNPT II)	P→	→	→X		M	
6.2* Asymmetric approach and go-around	P→	→	→		M	
6.3* Asymmetric approach and full stop landing	P→	→	→		M	
6.4 ATC liaison - Compliance, R/T procedure						

Note: 3B.4*--- 3D operations to DH/A of 200 ft or to higher minima if required by the approach procedure.
3B.5*--- 2D CDFA operations to DA/MDA.

Place:	Date:	Examiner's Signature:
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RESULTS OF THE SKILL TEST SECTIONS

	1	2	3A (VFR)	3B (IFR)	4	5	6
„P“ - passed							
„F“ - failed							

REMARKS

IR(A): _____ New Expired date: _____

CR(A): _____ New Expired date: _____

TR(A): _____ New Expired date: _____

 PASSED PARTIALLY PASSED FAILEDΥπογραφή Εξεταστή
Signature of ExaminerΑναγνώριση αποτελέσματος-Υπογραφή Αιτούντος
Recognition test result-Signature of Applicant

10 National Procedure Declaration – Only for NON-HCAA EXAMINERS (To be completed by the examiner)

I hereby declare that I, * _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent Authority (HCAA- www.ypa.gr-Foreign Examiners) contained in version** _____ of the Examiner Differences Document.

* Name of Examiner

** Insert document version, i.e.: 06-2015

Date: _____ Signature of Examiner: _____

Contents of the class/type rating/training/skill test and proficiency check on single-engine and multi-engine single-pilot aeroplanes

1. The following symbols mean:
P = Trained as PIC or Co-pilot and as Pilot Flying (PF) and Pilot Not Flying (PNF).

X = Flight simulators shall be used for this exercise, if available, otherwise an aeroplane shall be used if appropriate for the manoeuvre or procedure.

P# = The training shall be complemented by supervised aeroplane inspection
2. The practical training shall be conducted at least at the training equipment level shown as (P), or may be conducted on any higher level of equipment shown by the arrow (→).

The following abbreviations are used to indicate the training equipment used:

- A = Aeroplane
FFS = Full Flight Simulator
FTD = Flight Training Device (including FNPT II for ME class rating)

3. **The starred (*) items of section 3B and, for multi-engine, section 6, shall be flown solely by reference to instruments** if revalidation/renewal of an IR is included in the skill test or proficiency check. If the starred (*) items are not flown solely by reference to instruments during the skill test or proficiency check, and when there is no crediting of IR privileges, the class or type rating will be restricted to VFR only.
4. Section 3A shall be completed to revalidate a type or multi-engine class rating, VFR only, where the required experience of 10 route sectors within the previous 12 months has not been completed. Section 3A is not required if section 3B is completed.
5. Where the letter 'M' appears in the skill test or proficiency check column, this will indicate the mandatory exercise or a choice where more than one exercise appears.
6. An FFS or an FNPTII shall be used for practical training for type or multi-engine class rating if the FFS or FNPTII forms part of an approved type or class rating course.

The following considerations will apply to the approval of the course:
(a) the qualification of the FFS or FNPT II as set out in Part-OR;
(b) the qualifications of the instructors;
(c) the amount of FFS or FNPT II training provided on the course; and
(d) the qualifications and previous experience on similar types of the pilot under training.
7. When a skill test or proficiency check is performed in multi-pilot operations, the type rating shall be restricted to multi-pilot operations.