



Form
aL 530 H

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, Τ.Θ. 70360, ΤΚ 160 10, Γλυφάδα, Ελλάδα
TO: The HCAA, Flight Standards Division, Licensing Section, P.O. Box 70360, TK 160 10, Glyfada, Greece

Issue of a Type Rating SPH or MPH (Single Pilot or Multi Pilot Helicopters) – FCL.720.H

1 Type of application

I apply for the issue of: Single-Pilot Single-Engine PIC
 Multi-Pilot Multi-Engine COPI A/C Type: _____

REPETITION OF PARTIAL PASSED SKILL TEST
 REPETITION OF FAILED SKILL TEST from date: _____

2 Applicant

Όνομα: Name:	Επώνυμο: Surname:	Όνομα Πατρός: Father's Name:	
Οδός: Street:	Τοποθεσία / Πόλη: Place / City:	ΤΚ: 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 & Νο Πτυχίου: Country, Type & No of License held:		
Ημερομηνία Γεννήσεως: Date of Birth:	Τόπος Γεννήσεως: Place of Birth:	Ιθαγένεια: Nationality:	Υπηκοότητα: Citizenship:
ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ: DECLARATION:			
Α. 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 (2) 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 (2) 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 (EU) No. 1178/2011 όπως τροποποιήθηκε, απαιτεί όπως η διαχείριση όλων των αδειών/πτυχιών του ενδιαφερομένου να πραγματοποιείται από την Αρμόδια 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 αντιστοιχών 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:	

ΧΡΗΣΗ ΜΟΝΟ ΑΠΟ ΤΗΝ ΥΠΑ, ΠΑΡΑΤΗΡΗΣΕΙΣ (HCAA USE ONLY, REMARKS)

Inspecting Officer	Aviation Safety Inspector	Head of Licensing Section	Director of Flight Standards Division
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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 Διϋπουργική 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 Confirmation of the *theoretical training* 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 Seal of ATO

Ο Προϊστάμενος της Εκπαίδευσης επιβεβαιώνει ότι η εκπαίδευση έγινε (καθώς και η εμπειρία του υποψηφίου) σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών κατέχει όλες τις σχετικές θεωρητικές γνώσεις για να συμμετάσχει στη θεωρητική εξέταση.
The Head of Training confirms that the training and the experience was performed in compliance with the provision of Part-FCL and the approved training manuals, and that the applicant possesses all relevant theoretical knowledge to take the theoretical examination.

5 Confirmation of the *flight training* 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 Seal of ATO

Ο Προϊστάμενος της Εκπαίδευσης επιβεβαιώνει ότι η εκπαίδευση έγινε (καθώς και η εμπειρία του υποψηφίου) σε συμμόρφωση με τις διατάξεις του Part-FCL και των εγκεκριμένων εγχειριδίων εκπαίδευσης, και ότι ο αιτών κατέχει όλες τις σχετικές γνώσεις και δεξιότητες για να συμμετάσχει στην δοκιμασία δεξιοτήτων στον παρακάτω Τύπο Ελικοπτήρου :
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 possesses all relevant knowledge (and the experience) and skills to take the skill test on the following Helicopter Type:

6 Attached documents

ATTACHED DOCUMENTS (Mandatory - Please tick ✓)	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
Certificate ATO (Non Hellenic)	<input type="checkbox"/> Copy		<input type="checkbox"/>	<input type="radio"/>
Certificate FSTD (Non Hellenic)	<input type="checkbox"/> Copy – if applicable	<i>(In case of an Hellenic ATO it must have been endorsed in the Approval Certificate attachment)</i>	<input type="checkbox"/>	<input type="radio"/>
Certificate TRI/SFI (Non Hellenic)	<input type="checkbox"/> Certificate (copy)		<input type="checkbox"/>	<input type="radio"/>
Document of identification	<input type="checkbox"/> Copy		<input type="checkbox"/>	<input type="radio"/>
Pilot License (H)		License: _____	<input type="checkbox"/>	<input type="radio"/>
Hellenic EASA Medical Certificate	Class 1	Valid until: _____	<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"/>
Logbook filled and signed	<input type="checkbox"/> Logbook & copies of relevant pages for verification	Total Hours: _____	<input type="checkbox"/>	<input type="radio"/>
Completion Certificate for the applicable training courses by the ATO	<input type="checkbox"/> Original Document		<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"/>

7 Summary of knowledge and flight experience before the skill test is taken

PRE-REQUISITES <input type="checkbox"/> Multi-pilot helicopters – MP(H)	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
1) Experience requirements:				
a) PIC Helicopters	min. 70 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
b) ATPL(H) Theoretical Knowledge	Passed	Date: _____	<input type="checkbox"/>	<input type="radio"/>
c) Except when type rating course combined with MCC course:				
i) Completion MCC course(H)	Certificate	Certificate Date: _____	<input type="checkbox"/>	
or			or	
ii) Pilot on multi-pilot aeroplanes	min. 500 hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
or			or	
iii) Pilot on multi-pilot Operations on multi-engine helicopters	min. 500 hours:	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
2) Instruction				
a) Theoretical examination for TR (last 6 months prior to the skill test)		Date: _____	<input type="checkbox"/>	<input type="radio"/>
b) Flight Instruction				
i) Helicopter		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
ii) Full flight simulator C/D		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
iii) Flight training device 2/3		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
<p>An applicant for the first type rating course for a multi-pilot helicopter type who is a graduate from an ATP(H)/IR, ATP(H), CPL(H)/IR or CPL(H) integrated course and who does not comply with the requirement of “1) PIC helicopters”, shall have the type rating issued with the privileges limited to exercising functions as co-pilot only.</p> <p>The limitation shall be removed once the pilot has:</p> <p>(1) completed 70 hours as PIC or pilot-in-command under supervision of helicopters;</p> <p>(2) passed the multi-pilot skill test on the applicable helicopter type as PIC.</p>				

Continued

PRE-REQUISITES <input type="checkbox"/> Single-pilot Multi-Engine helicopters – SP(H)/ME	REQUIREMENTS	FILLED BY ATO	EXAMINER CHECK	HCAA ONLY
1) Experience requirements:				
a) PIC Helicopters ¹	min. 70 hours	Hours: _____	<input type="checkbox"/>	<input type="radio"/>
b) Before starting flight training:				
i) ATPL(H) Theoretical Knowledge examination	Passed rate: _____	Date: _____	<input type="checkbox"/>	<input type="radio"/>
or			or	or
ii) Pre-entry course conducted by an ATO	Certificate	Date: _____	<input type="checkbox"/>	<input type="radio"/>
2) Instruction				
a) Theoretical examination for TR (last 6 months prior to the skill test)		Date: _____	<input type="checkbox"/>	<input type="radio"/>
b) Flight Instruction ²				
i) Helicopter		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
ii) Full flight simulator C/D		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
iii) Flight training device 2/3		Hours: _____	<input type="checkbox"/>	<input type="radio"/>
¹ in the case of applicants who have not completed an ATP(H)/IR, ATP(H), or CPL(H)/IR integrated training course, have completed at least 70 hours as PIC on helicopters.				
² EASA AMC2 FCL.725(a)				

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

ΑΕΡΟΣΚΑΦΟΣ
AIRCRAFT

ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ TYPE/VARIANT	ΧΑΡΑΚΤΗΡΙΣΤΙΚΟ ΚΛΗΣΕΩΣ REGISTRATION

FSTD
- IF APPLICABLE

ΤΥΠΟΣ/ΠΑΡΑΛΛΑΓΗ 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 ΑΠΟΓΕΙΩΣΕΩΝ NUMBER OF TAKE-OFFS	ΑΡΙΘΜΟΣ ΠΡΟΣΓΕΙΩΣΕΩΝ NUMBER OF LANDINGS

ΣΚΕΛΟΣ Νο1
LEG No1

ROTOR START	ΑΝΑΧΩΡΗΣΗ / DEPARTURE	ΠΡΟΟΡΙΣΜΟΣ / DESTINATION	ROTOR STOP

ΣΚΕΛΟΣ Νο2
LEG No2

ROTOR START	ΑΝΑΧΩΡΗΣΗ / DEPARTURE	ΠΡΟΟΡΙΣΜΟΣ / DESTINATION	ROTOR STOP

SINGLE/MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING				TYPE RATING SKILL TEST			
	Manoeuvres/Procedures	FTD	FFS	H	Instructors initials & date training completed	Checked in FFS H	Attempt Number (1 or 2)	Examiners initials & date test completed
SECTION 1								
1 Flight preparations and checks								
1.1 Helicopter exterior visual inspection; location of each item and purpose of inspection			P		M (if performed in the helicopter)			
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 air traffic control instructions or with instructions of an instructor		P	→		M			
1.5 Pre-take-off procedures and checks	P	→	→		M			
SECTION 2								
2 Flight manoeuvres and procedures								
2.1 Take-offs (various profiles)		P	→		M			
2.2 Sloping ground or crosswind take-offs & landings		P	→					
2.3 Take-off at maximum take-off mass (actual or simulated maximum take-off mass)	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° bank, 180° to 360° left and right, by sole reference to instruments	P	→	→		M			
2.6 Autorotative descent	P	→	→		M			
2.6.1 Autorotative landing with power recovery (no full down)		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			
SECTION 3								
3 Normal and abnormal operations of the following systems and procedures:					M			A mandatory minimum of three items shall be selected from this section
3.1 Engine	P	→	→					
3.2 Air conditioning (heating, ventilation)	P	→	→					
3.3 Pitot/static system	P	→	→					
3.4 Fuel System	P	→	→					
3.5 Electrical system	P	→	→					
3.6 Hydraulic system	P	→	→					
3.7 Flight control and Trim system	P	→	→					
3.8 Anti-icing and de-icing system	P	→	→					

Τόπος:
Place:

Ημερομηνία:
Date:

Υπογραφή Εξεταστή:
Examiner's Signature:

SINGLE/MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING				TYPE RATING SKILL TEST			
	Manoeuvres/Procedures	FTD	FFS	H	Instructors initials & date training completed	Checked in FFS H	Attempt Number (1 or 2)	Examiners initials & date test completed
SECTION 3 - Continued								
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	→	→					
SECTION 4								
4 Abnormal and emergency procedures						M		A mandatory minimum of three items shall be selected from this section
4.1 Fire drills (including evacuation if applicable)	P	→	→					
4.2 Smoke control and removal	P	→	→					
4.3 Only MEH: Engine shutdown and restart (the limits acc. FEM have to be observed)	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	→	Helicopter may not be used for this exercise					
4.6 Incapacitation of crew member - MPH only	P	→	→					
4.7 Transmission malfunctions	P	→	→					
4.8 Other emergency procedures as outlined in the appropriate Flight Manual	P	→	→					
SECTION 5								
5 Instrument flight procedures (to be performed in IMC or simulated IMC)								
5.1 Instrument take-off: transition to instrument flight is required as soon as possible after becoming 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 ILS approaches down to CAT I decision height	P*	→*	→*					
5.4.1 Manually, without flight director	P*	→*	→*		M*			
5.4.2 Precision approach manually, with or without 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 the outer marker (OM) until touchdown or until completion of the missed approach procedure)	P*	→*	→*		M*			
5.5 Non-precision approach down to the minimum descent altitude MDA/H	P*	→*	→*		M*			

Τόπος: Place:	Ημερομηνία: Date:	Υπογραφή Εξεταστή: Examiner's Signature:
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SINGLE/MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING				TYPE RATING SKILL TEST			
	Manoeuvres/Procedures	FTD	FFS	H	Instructors initials & date training completed	Checked in FFS H	Attempt Number (1 or 2)	Examiners initials & date test completed
SECTION 5 - Continued								
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 DA/DH or MDA/MDH	P*				M*			
5.7 IMC autorotation with power recovery	P*	→*	→*		M*			
5.8 Recovery from unusual attitudes	P*	→*	→*		M*			
SECTION 6								
6 Use of optional equipment								
Use of optional equipment	P	→	→					

10 Skill Test Result

RESULTS OF THE SKILL TEST SECTIONS

	1	2	3	4	5	6
„P“ - passed						
„F“ - failed						

REMARKS

TR(H): _____ Expiry Date: _____

I confirm that the experience of the applicant comply with the applicable requirements of Part-FCL

I confirm that the required manoeuvres and exercises have been completed

PASSED

PARTIALLY PASSED

FAILED

Υπογραφή Εξεταστή
Signature of Examiner

Αναγνώριση αποτελέσματος-Υπογραφή Αιτούντος
Recognition test result-Signature of Applicant

11 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: _____

FLIGHT TEST TOLERANCE

- 1) The applicant shall demonstrate the ability to:
- (a) operate the helicopter within its limitations;
 - (b) complete all manoeuvres with smoothness and accuracy;
 - (c) exercise good judgement and airmanship;
 - (d) apply aeronautical knowledge;
 - (e) maintain control of the helicopter at all times in such a manner that the successful outcome of a procedure or manoeuvre is never in doubt;
 - (f) understand and apply crew coordination and incapacitation procedures, if applicable; and
 - (g) communicate effectively with the other crew members, if applicable.
- 2) The following limits shall apply, corrected to make allowance for turbulent conditions and the handling qualities and performance of the aeroplane used.
- (a) IFR flight limits
- | | | |
|-----------|--|---|
| Height: | | |
| | Generally | ± 100 feet |
| | Starting a go-around at decision height/altitude | + 50 feet/- 0 feet |
| | Minimum descent height/altitude | + 50 feet/- 0 feet |
| Tracking: | | |
| | On radio aids | ± 5° |
| | Precision approach | half scale deflection, azimuth and glide path |
| Heading: | | |
| | Normal operations | ± 5° |
| | Abnormal operations/emergencies | ± 10° |
| Speed: | | |
| | Generally | ± 10 knots |
| | With simulated engine failure | + 10 knots/- 5 knots |
- (b) VFR flight limits
- | | | |
|---------------|---------------------------------|---|
| Height: | | |
| | Generally | ±100 feet |
| Heading: | | |
| | Normal operations | ± 5° |
| | Abnormal operations/emergencies | ± 10° |
| Speed: | | |
| | Generally | ± 10 knots |
| | With simulated engine failure | + 10 knots/- 5 knots |
| Ground drift: | | |
| | T.O. hover | ± 3 feet |
| | I.G.E. Landing | 2 feet (with 0 feet rearward or lateral flight) |

CONTENTS OF THE SKILL TEST

Single and Multi-pilot Helicopter

a) The following symbols mean:

P = Trained as PIC for the issue of a type rating for SPH or trained as PIC or Co-pilot and as PF and PNF for the issue of a type rating for MPH.

b) The practical training shall be conducted at least at the training equipment level shown as (P), or may be conducted up to any higher equipment level shown by the arrow (—>).

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

FFS = Full Flight Simulator

FTD = Flight Training Device

H = Helicopter

c) The starred items (*) shall be flown in actual or simulated IMC, only by applicants wishing to renew or revalidate an IR(H), or extend the privileges of that rating to another type.

d) Instrument flight procedures (section 5) shall be performed only by applicants wishing to renew or revalidate an IR(H) or extend the privileges of that rating to another type. An FFS or FTD 2/3 may be used for this purpose.

e) Where the letter 'M' appears in the skill test or proficiency check column this will indicate the mandatory exercise.

f) An FSTD shall be used for practical training and testing if the FSTD forms part of a type rating course. The following considerations will apply to the course:

i) the qualification of the FSTD as set out in Part-OR;

ii) the qualifications of the instructor and examiner;

iii) the amount of FSTD training provided on the course;

iv) the qualifications and previous experience in similar types of the pilot under training; and

v) the amount of supervised flying experience provided after the issue of the new type rating.

Multi-Pilot Helicopters

1.1. Applicants for the skill test for the issue of the multi-pilot helicopter type rating and ATPL(H) shall take only sections 1 to 4 and, if applicable, section 6.

1.2. Applicants for the revalidation or renewal of the multi-pilot helicopter type rating proficiency check shall take only sections 1 to 4 and, if applicable, section 6.