

# EXAMINERS REPORT (Aeroplane) for Class, Type, Instrument Ratings and ATPL Skills Test



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Unique No. (to be completed by CAA)

**Note - Examiners are reminded that they must complete this Report Form and may give a copy of the Examiners Report to the applicant for submission with their application. Examiners remain responsible for submitting the examiner report to Licensing & Training Standards, within 14 working days from the skill test, proficiency check or assessment of competence.**

**An examiner may only endorse the certificate of revalidation in a pilot's licence or certificate of authorisation to revalidate a rating or certificate, or to renew a rating or certificate which has not expired by more than 3 years and is still included in the licence or certificate of authorisation. If the rating has expired by more than 3 years, or has been removed from Section XII on page 4 of the licence or the certificate of authorisation, the application must be submitted to Licensing & Training Standards for the rating or certificate to be entered into the certificate of revalidation and a fee will apply.**

## FALSE REPRESENTATION STATEMENT

It is an offence under Article 231 of the Air Navigation Order 2009 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

## 1. APPLICANTS DETAILS

To be completed by examiner

CAA Personal reference number (if known):

Surname: ..... Forename(s): .....

Title: ..... Date of Birth (dd/mm/yyyy): .....

## 2. EXAMINERS CERTIFICATE FOR TEST, CHECK OR REVALIDATION OF EXPERIENCE

To be completed by examiner

I certify completion of the Skill Test                      Proficiency Check                      Revalidation by Experience

### MULTI PILOT CERTIFICATED AEROPLANE

Type Rating (please specify including variants): .....

Pass                      Partial Pass                      Fail                      Incomplete

ATPL Skill Test (please specify including variants): .....

Pass                      Partial Pass                      Fail                      Incomplete

### SINGLE PILOT CERTIFICATED AEROPLANE

#### RATING

#### OPERATING ROLE

SPA Type / Class Rating (please specify including variants): .....                      SP                      MP                      SP & MP

Pass                      Partial Pass                      Fail                      Incomplete

Instrument Rating Type Specific (please specify including variants): .....                      SP                      MP                      SP & MP

Pass                      Partial Pass                      Fail                      Incomplete

Instrument Rating – (stand-alone IR-SPA)                      SE                      ME                      SP & MP

Pass                      Partial Pass                      Fail                      Incomplete

**Skill Test / Proficiency Check Details**

Date test completed: ..... Location of Test: .....

Off Chocks/Start: ..... On Chocks/Finish: ..... Total Time: .....

Aircraft Registration and Type/Class used for Skill Test or Proficiency Check (please specify including variants):  
.....

FSTD Identification Number of simulator used (which must be issued in accordance with Commission Regulation (EU) 1178/2011 as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018: .....

Competent authority issuing qualification certificate for the simulator: .....

**Result of test:**

Pass Partial Pass Fail Incomplete

I have have not endorsed the Certificate of Revalidation in the applicant's licence.

Expiry date of current rating: ..... New rating valid until: .....

I have found the applicant's experience and instruction to comply with Annex I Part FCL.

I confirm that all the required manoeuvres and exercises have been completed.

I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).

I confirm that this skill test/proficiency check did not include an RNP APCH and that the applicant has been advised that:

- the PBN privileges of their IR does not include an RNP APCH, and that
- this restriction can be lifted upon completing a proficiency check which includes an RNP APCH.

Examiner's Name (block capitals): ..... Examiner's Number: .....

Authorising Competent Authority: ..... Date of Examiners Briefing (if applicable): .....

Non-UK Examiners - I have reviewed and applied the relevant national procedures and requirements of the UK CAA.

UK CAA Examiner Designation Reference: .....

Examiner's Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1****3. INSTRUCTORS ASSESSMENT OF COMPETENCE TRI(A)/SFI(A) ONLY****To be completed by examiner**

TRI SFI

Date Assessment completed: ..... Location of Test: .....

Off Chocks/Start: ..... On Chocks/Finish: ..... Total Time: .....

Aeroplane Registration and Type/Class used for Assessment (please specify including variants):  
.....

FSTD Identification Number of simulator used (which must be issued in accordance with Commission Regulation (EU) 1178/2011 as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018: .....

Competent authority issuing qualification certificate for the simulator: .....

**Result of test:**

Pass Partial Pass Fail Incomplete

I have have not endorsed the Certificate of Revalidation in the applicant's licence.

Expiry date of current Instructors Certificate: ..... New Instructors Certificate valid until: .....

I have found the applicant's experience and instruction to comply with Annex I Part FCL.

I confirm that all the required manoeuvres and exercises have been completed.

I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).

Examiner's Name (block capitals): ..... Examiner's Number: .....  
 Authorising Competent Authority: ..... Date of Examiners Briefing (if applicable): .....  
 Non-UK Examiners - I have reviewed and applied the relevant national procedures and requirements of the UK CAA.  
 UK CAA Examiner Designation Reference: .....

Examiner's Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**4. EXAMINERS ASSESSMENT OF COMPETENCE TRE(A)/SFE(A) ONLY To be completed by examiner**

TRE SFE  
 Date Assessment completed: ..... Location of Test: .....  
 Off Chocks/Start: ..... On Chocks/Finish: ..... Total Time: .....  
 Aeroplane Registration and Type/Class used for Assessment (please specify including variants):  
 .....  
 FSTD Identification Number of simulator used (which must be issued in accordance with Commission Regulation (EU) 1178/2011 as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018: .....  
 Competent authority issuing qualification certificate for the simulator: .....

**Result of test:**

Pass Partial Pass Fail Incomplete

Expiry date of current Examiners Certificate: ..... New Examiners Certificate valid until: .....

I have found the applicant's experience and instruction to comply with Annex I Part FCL.

I confirm that all the required manoeuvres and exercises have been completed.

I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).

Examiner's Name (block capitals): ..... Examiner's Number: .....

Authorising Competent Authority: ..... Date of Examiners Briefing (if applicable): .....

Non-UK Examiners - I have reviewed and applied the relevant national procedures and requirements of the UK CAA.

UK CAA Examiner Designation Reference: .....

Examiner's Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**

**5. TEST, CHECKS AND ASSESSMENTS OF COMPETENCE – NOTICE OF FAILURE To be completed by examiner**

You are hereby notified that you have failed the ..... for the following reasons:  
 .....  
 .....

In accordance with Part FCL an Approved Training Organisation shall determine and deliver the required refresher/remedial training prior to the applicant reattempting the skill test, proficiency check or assessment of competence. The applicant must provide evidence of this training to the examiner who conducts the next test, check or assessment of competence.

Minimum training recommended by the Examiner:  
 .....

**I understand that I have failed the items notified above.**

I understand that I may not exercise the privileges of my ..... following the failure of this test, check or assessment of competence until the successful completion of training and a further test, check or assessment of competence.

**Civil Aviation Authority Regulation 6**

Regulation 6(5) of the Civil Aviation Authority Regulations 1991 as follows: Any person who has failed any test or examination which he is required to pass before he is granted or may exercise the privileges of a personnel licence may within 14 days of being notified of his failure request that the Authority determine whether the test or examination was properly conducted. In order to succeed you will have to satisfy the Authority that the examination or test was not properly conducted. Mere dissatisfaction with the result is not sufficient reason for appeal.

Received (Applicant) Signature: ..... Date: .....

**PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1**