



**REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION**



Licensing

FOR OFFICIAL USE

Date of receipt:

Examiners Report for Sailplane Cloud Flying Rating

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’s report to Licensing Section, within 14 working days from the proficiency check.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance

1. APPLICANT DETAILS

DCA Personal Reference Number:

Surname:..... Middle Name: Forename(s):

Date of Birth (dd/mm/yyyy):

Skill Test Proficiency check

Expiry Date of English Language Proficiency (dd/mm/yyyy):

Expiry Date of Medical Certificate (dd/mm/yyyy):

Applicant’s Signature:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

2. CONFIRMATION OF THEORETICAL & FLYING TRAINING BY ATO

I certify that (name)..... has satisfactorily completed a course of theoretical and flying training for the endorsement of a Part-FCL Sailplane Cloud Flying Rating and that the training was performed in compliance with the provision of Part-FC.830 and the approved training manuals.

Approved Training Organisation (ATO):ATO Approval No.

Competent Authority issuing Approval:ATO Stamp

Name of Head of Training:

Signature of Head of Training: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

3. THEORETICAL KNOWLEDGE

This part should be completed before the flight and should cover all the relevant parts of the theoretical knowledge syllabus. If the oral examination reveals a lack in theoretical knowledge, the flight test should not be done and the skill test/proficiency check is failed

The examiner confirms that the candidate demonstrated an adequate level of theoretical knowledge in the following subjects (AMC2 FCL.830 (a))

- a. Human performance and body limitations
- b. Principles of Flight
- c. Aircraft instrumentation for cloud flying
- d. Navigation
- e. Communications
- f. Hazards and emergency procedures

Result of Check Pass Fail

Examiner's Name: Examiner's Number:

Authorising Competent Authority:

Examiners Signature:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

4. EXAMINERS CERTIFICATE FOR SKILL TEST/PROFICIENCY CHECK

Date of Skill Test / Proficiency Check: Location of Test:

Start time (chocks): Finish time (chocks): Total Duration:

Sailplane Powered sailplane

Aircraft Registration:

Result of Check: Pass Fail

I confirm that all required exercises have been completed as per AMC2 FCL.830 (b)

Examiner's Name: Examiner's Number:

Authorising Competent Authority:

Examiners Signature:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

5. NOTICE OF FAILURE

You are hereby notified that you have failed the Theoretical Knowledge or Skill Test/Proficiency Check for the following reasons:

.....

.....

.....

.....

- I understand that I have failed the items notified above
- I understand that I may not exercise the privileges of my license following the failure of this check until the successful completion of training and the subsequent proficiency

Received (Applicant) Signature: Date:

6. NATIONAL PROCEDURE DECLARATION – Only for Non-Cyprus DCA 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 (Cyprus DCA) contained in version _____ of the Examiner Differences Document. “

* Name of Examiner

Date: _____ Signature of Examiner: _____

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

7. SUBMISSION INSTRUCTIONS

Send your completed application form to:

Department of Civil Aviation,
Licensing Section,
27 Pindarou Street,
1060 Nicosia, Cyprus

To apply for the grant of a LAPL(A) or PPL(A) the following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Examiner’s Report form	<input type="checkbox"/>	
Valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Cyprus Identity card);	<input type="checkbox"/>	
Actual flying logbooks, which must be certified at the last appropriate entry by the Head of Training /CFI;	<input type="checkbox"/>	
Originals Part – FCL licences.	<input type="checkbox"/>	
Certificate of Training Completion from an approval ATO	<input type="checkbox"/>	

Additionally, if training and/or testing has taken place outside of Cyprus:		
Copy of Part-ORA Approved Training Organisation approval certificate;	<input type="checkbox"/>	
<p>Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.</p> <p>Note: where copies are provided these should be certified as "True Copies" . The following people can act as 'certifiers':</p> <ul style="list-style-type: none"> • Head of Training or Compliance Manager of Approved Training Organisation. <p>Instructions for the certifier of your original documents are as follows:</p> <ol style="list-style-type: none"> Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'. Insert signature and date. Certifier's name must be printed in block capitals. Must include position or capacity, e.g. Head of Training 		

8. DCA USE ONLY		
Enclosures/Remarks <i>(by Licensing Administrator)</i>		
Checked by:	Signed:	Date:

Attachment 1 to Form LIC-060

Extract from “AMC2 FCL.830 Sailplane Cloud Flying Rating”:

SKILL TEST AND PROFICIENCY CHECK

The skill test for the issue of the cloud flying rating or the proficiency check for fulfilling the requirements in FCL.830(b)(3) and in FCL.830(e)(1) should be conducted in either a sailplane or a powered sailplane (including TMG if the test or check will be flown under simulated IMC only) and should contain the following elements:

(a) ORAL EXAMINATION

This part should be completed before the flight and should cover all the relevant parts of the theoretical knowledge syllabus. At least one question for each of the following sections should be asked:

- Human performance and body limitations;
- Principles of flight;
- Aircraft instrumentation for cloud flying;
- Navigation;
- Communications;
- Hazards and emergency procedures.

If the oral examination reveals a lack in theoretical knowledge, the flight test should not be done and the skill test/proficiency check is failed.

(b) PRACTICAL SKILL TEST/PROFICIENCY CHECK

During the practical test/check, the following limits should apply with appropriate allowance for turbulent conditions and the handling qualities and performance of the sailplane used. Artificial horizon or turn and slip instruments should be used as appropriate:

	Artificial Horizon	Turn & Slip
Straight flight	Heading + 10o IAS + 10kts	Heading + 20o IAS + 15kts
Turning	Angle of bank + 15o IAS + 10kts	Small deviations in rate of turn with a maximum deviation between ½ & full scale IAS + 15ts
Position fixing given: GPS displaying range and bearing to a point	+ 2NM	+ 3NM

During the practical test/check, the following exercises should be successfully completed by the applicant, flown solely by reference to instruments and taking into account the limits above:

- straight flight;
- turning;
- achieving and maintaining heading;
- return to straight flight from steeper angle of bank;
- position fixing using GPS and aeronautical charts;
- position estimating using DR;
- basic cloud escape manoeuvre/unusual attitude;
- advanced cloud escape manoeuvre on nominated heading.