



REPUBLIC OF CYPRUS
DEPARTMENT OF CIVIL AVIATION



Licensing

FOR OFFICIAL USE

Date of receipt:

EXAMINERS REPORT (AEROPLANE) for Class, Type, Instrument Ratings and ATPL Skills Test / Proficiency Check

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.

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

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.

1. APPLICANT DETAILS

DCA Personal reference number (if known):

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Surname:

Forename(s):

Title:

Date of Birth (dd/mm/yyyy):

2. EXAMINERS CERTIFICATE FOR TEST OR PROFICIENCY CHECK

to be completed by examiner

I certify completion of the Skill Test Proficiency Check

MULTI PILOT CERTIFICATED AEROPLANE

Type Rating (please specify including variants):

Pass Partial Pass Fail Incomplete

ATP 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 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 amended):

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).

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

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

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 amended):

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 Instructor 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):

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 amended):

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):

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.

Received (Applicant) Signature: Date:

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