

CAA Permission No.: \_\_\_\_\_

APPLICATION AND REPORT FORM (according to AMC1 of Appendix 7)			
SKILL TEST FOR THE ISSUE OF IR			
Applicant's last name(s):		IR: H <input type="checkbox"/>	
Applicant's first name(s):			
Signature of applicant:			
Type of licence*:			
Licence number*:			
State:			
1. Details of the flight			
Group, class, type of aircraft:		Registration:	
Aerodrome or site:	Take-off time:	Landing time:	Flight time:
Total flight time:			
2. Result of the test			
Skill test details:			
Pass <input type="checkbox"/> Fail <input type="checkbox"/> Partial pass <input type="checkbox"/>			
3. Remarks			
Location and date:			
Examiner's certificate number*:		Type and number of licence:	
Signature of examiner:		Name(s) in capital letters:	

\* if applicable

# Contents of the skill test for the issue of an IR - Helicopters (according to Part-FCL Appendix 7.)

Circle **O** when item passed

Cross **X** when item failed

Applicant's first, last name(s): \_\_\_\_\_

<b>SECTION 1 – DEPARTURE</b>	
Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections	
a	Use of flight manual (or equivalent) especially a/c performance calculation, mass and balance
b	Use of Air Traffic Services document, weather document
c	Preparation of ATC flight plan, IFR flight plan/log
d	Identification of the required navaids for departure, arrival and approach procedures
e	Pre-flight inspection
f	Weather Minima
g	Taxiing/Air taxi in compliance with ATC or instructions of instructor
h	PBN departure (if applicable): <ul style="list-style-type: none"> <li>– Check that the correct procedure has been loaded in the navigation system; and</li> <li>– Cross-check between the navigation system display and the departure chart.</li> </ul>
i	Pre-take-off briefing, Take-off
j	Transition to instrument flight
k	Instrument departure procedures, including PBN departures
<b>SECTION 2 – GENERAL HANDLING</b>	
a	Control of the helicopter by reference solely to instruments, including:
b	Climbing and descending turns with sustained Rate 1 turn
c	Recoveries from unusual attitudes, including sustained 30° bank turns and steep descending turns
<b>SECTION 3 – EN-ROUTE IFR PROCEDURES</b>	
a	Tracking, including interception, e.g. NDB, VOR, RNAV
b	Use of radio aids
c	Level flight, control of heading, altitude and airspeed, power setting
d	Altimeter settings
e	Timing and revision of ETAs
f	Monitoring of flight progress, flight log, fuel usage, systems' management
g	Ice protection procedures, simulated if necessary
h	ATC liaison — compliance, R/T procedures
<b>SECTION 3a – ARRIVAL PROCEDURES</b>	
a	Setting and checking of navigational aids, if applicable
b	Arrival procedures, altimeter checks
c	Altitude and speed constraints, if applicable
d	PBN arrival (if applicable): <ul style="list-style-type: none"> <li>– Check that the correct procedure has been loaded in the navigation system; and</li> <li>– Cross-check between the navigation system display and the departure chart.</li> </ul>

# Contents of the skill test for the issue of an IR - Helicopters (according to Part-FCL Appendix 7.)

Circle **O** when item passed

Cross **X** when item failed

Applicant's first, last name(s): \_\_\_\_\_

<b>SECTION 4 – 3D OPERATIONS (*)</b>	
a	Setting and checking of navigational aids Check Vertical Path angle for RNP APCH: a) Check that the correct procedure has been loaded in the navigation system; and b) Cross-check between the navigation system display and the departure chart.
b	Approach and landing briefing, including descent/approach/landing checks
c (*)	Holding procedure
d	Compliance with published approach procedure
e	Approach timing
f	Altitude, speed heading control (stabilised approach)
g (*)	Go-around action
h (*)	Missed approach procedure/landing
i	ATC liaison- compliance, R/T procedures
<b>SECTION 5 – 2D OPERATIONS (*)</b>	
a	Setting and checking of navigational aids For RNP APCH: – Check that the correct procedure has been loaded in the navigation system; and – Cross-check between the navigation system display and the departure chart.
b	Approach and landing briefing, including descent/approach/landing check, including identification of facilities
c (*)	Holding procedure
d	Compliance with published approach procedure
e	Approach timing
f	Altitude, speed, heading control (stabilised approach)
g (*)	Go-around action
h (*)	Missed approach procedure (*)/landing
i	ATC liaison- compliance, R/T procedures
<b>SECTION 6 – ABNORMAL AND EMERGENCY PROCEDURES</b>	
This section may be combined with sections 1 through 5. The test shall have regard to control of the helicopter, identification of the failed engine, immediate actions (touch drills), follow-up actions and checks and flying accuracy, in the following situations:	
a	Simulated engine failure after take-off and or on/during approach (**) (at safe altitude unless carried out in and FFS or FNTP II/III, DTD 2,3)
b	Failure of stability augmentation devices/hydraulic system (if applicable)
c	Limited panel
d	Autorotation and recovery to a pre-set altitude
e	3D operations manually without flight director (***) 3D operations manually with flight director (***)

(\*) To establish or maintain PBN privileges one approach in either Section 4 or Section 5 shall be and RNP APCH.  
Where an RNP APCH is no practicable, it shall be performed in and appropriately equipped FSTD

(\*) To be performed in Section 4 or Section 5

(\*\*) Multi-engine helicopter only

(\*\*\*) Only one item to be tested

COMPLETED BY EXAMINER		
<b>FCL.1030(a)(1)</b> , I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(a)(2)</b> , I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(a)(3)</b> , I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(1)</b> , I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(1)</b> , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(3)</b> , I have provided the applicant with a signed report of the skill test or proficiency check.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(3)(ii)</b> , I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate</b>		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the <a href="#">Examiner Differences Document</a> .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:</b>		
<div style="text-align: right;">           _____            Examiner's Name, Surname / Date / Signature         </div>		

COMPLETED BY APPLICANT
I understand and agree with all above mentioned information and have no objections. <b>In the event of a partial pass or fail:</b> I <input type="checkbox"/> agree/ <input type="checkbox"/> disagree for re-examination with the same examiner.
<div style="text-align: right;">           _____            Applicant's Name, Surname / Date / Signature         </div>