

This form should only be completed electronically and printed and signed. Send this completed examiner report to PEL@scaa.sc

## 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 doing so render themselves liable and subject to prosecution under the current applicable regulation. Refer to the Civil Aviation (Safety) Regulations, 2017

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.

## SECTION 1: PERSONAL DETAILS

Title	
Forename(s)	
Surname	
Licence Number	

## SECTION 2: TEST CONDUCTED

Aeroplane or Helicopter?	
Single Pilot or Multi Pilot?	
Initial Issue / Revalidation or Renewal?	
Specify type of test or assessment	
Series (if applicable)	
Attempt	
Date	
Place of Test	
A/C or Sim Type	
A/C Registration/Approval No.	
Total Flight Time	

## SECTION 3: REASONS FOR FAILURE

TO BE COMPLETED BY THE EXAMINER

Section	Sub Section	Reason for Failure
Further Training		
Flight Hours		
FSTD Hours		
Specific Training Required		
Examiner's Name		
Examiner Number		
Authorising Competent Authority		
Examiner's Signature		
Date		

## SECTION 4: DECLARATION

I understand that I have failed the items notified above. I also understand that I may not exercise the privileges related to that rating/ certificate.

Signature of the Applicant	
Date	

Copies of the report shall be submitted to (1) The applicant (2) The Examiner (3) Seychelles Civil Aviation Authority