

## Examiner Report - Failure of Test, Check or Assessment of Competence

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance.  
If any mistakes are made on this form, please strikethrough the mistake and sign next to the correct entry. (make sure the incorrect entry can still be read)

### 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.

### 1. APPLICANT DETAILS

SCAA Aviation Reference number (if known) 

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

Email address: .....

### 2. TEST CONDUCTED

To be completed by the Examiner

Aeroplane  Helicopter  SP  MP

Initial Issue  Revalidation  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: .....

### 3. REASONS FOR FAILURE

To be completed by the Examiner

Section	Sub Section	Reasons for Failure

Further training: Mandatory  Recommended

Flight Hours: ..... FSTD Hours: .....

Specific Training Required:.....

.....

Examiner's Name: ..... Examiner's No: .....

Authorising Competent Authority: .....

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

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.

Applicant's Signature: ..... Date: .....

Copies of the report shall be submitted to (1) The applicant (2) The Applicant's Competent Authority (3) The Examiner (4) The Examiner's Competent Authority (if different).