

The examiner report should be submitted to the Personnel Licensing Office within 14 working days from the skill test, proficiency check or assessment of competence. Examiners must complete this report form and may give a copy of the Examiner's report to the applicant for submission with their application.

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

SECTION 1: APPLICANT DETAILS

Title	
Full Name	
Licence Number	

SECTION 2: EXAMINERS CERTIFICATE FOR TEST, CHECK OR REVALIDATION OF EXPERIENCE

To be completed by the Examiner

I certify completion of the Skill Test: Proficiency Check Revalidation by Experience

MULTI PILOT CERTIFICATED AEROPLANE

Type Rating (please specify including variants):

Pass Partial Pass Fail Incomplete

ATPL 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 Check 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 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 endorsed the Certificate of Revalidation in the applicant's licence

I 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:.....

Examiner's Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

SECTION 3: INSTRUCTORS ASSESSMENT OF COMPETENCE TRI(A)/SFI(A)/CRI(A) ONLY To be completed by Examiner

TRI SFI CRI

Date Assessment completed:..... Location of test:

Off Chocks/Start: On Chocks/Finish: Total Time:.....

Aircraft Registration and Type/Class used for Assessment (please specify including variants):

FSTD Identification Number of simulator used (which must be issued 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 endorsed the Certificate of Revalidation in the applicant's licence

I have **not** endorsed the Certificate of Revalidation in the applicant's licence

Expiry date of current Instructors 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:.....

Examiner's Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1

SECTION 4: EXAMINERS ASSESSMENT OF COMPETENCE TRE(A)/SFE(A)/CRE(A) ONLY **To be completed by Examiner**

TRE SFE CRE

Date Assessment completed: Location of test:

Off Chocks/Start: On Chocks/Finish: Total Time:.....

Aircraft Registration and Type/Class used for Assessment (please specify including variants):

FSTD Identification Number of simulator used (which must be issued accordance with Commission Regulation (EU) 1178/2011 as amended):

Competent Authority issuing qualification certificate for FSTD:

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

SECTION 5: TEST, CHECKS AND ASSESSMENTS OF COMPETENCE – NOTICE OF FAILURE **To be completed by the Examiner**

You are hereby notified that you have failed the for the following reasons:

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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