



Form. No. PEL-FCL 500
 Revision 1
 Page No. 1 of 1
 Revision Date: 11/09/2023

REPORT FORM - ONLY AOC HOLDERS:
**LICENCE PROFICIENCY CHECK (LPC) &/or COMBINED
 OPERATOR PROFICIENCY CHECK (LPC/OPC)
 FOR REVALIDATION ONLY OF
 HCAA ISSUED MULTI-PILOT AEROPLANE TYPE
 RATINGS, INCLUDING PROFICIENCY CHECK FOR IRs
 (PART-FCL Appendix 9)**

1. HCAA LICENSE HOLDER DETAILS (LPC/OPC CANDIDATE)

| | | | |
|---|--|---------------------|--|
| Surname | | First Name (s) | |
| Date of Birth | | Contact Number | |
| Email Address | | | |
| Type of License held | | HCAA License Number | |
| Declaration: I understand that I am taking a Proficiency Check for the purpose(s) selected in section 2 below. | | | |
| Candidate Signature (Before Check) | | Date: | |

2. PROFICIENCY CHECK DETAILS

| | | | | | |
|---------------------------------------|--------------------------------------|----------------------------------|----------------------------------|--|------------------------------|
| A/C or FSTD Type (incl. variant): | | A/C Registration or FSTD ID No.: | | Location / Site | |
| Off Blocks/Start: | | On Blocks/Finish: | | | |
| RESULT: | PASS <input type="checkbox"/> | | | Incl. IR Privileges <input type="checkbox"/> | |
| IR privileges: | CAT I <input type="checkbox"/> | CAT II <input type="checkbox"/> | CAT III <input type="checkbox"/> | Low Vis <input type="checkbox"/> | PBN <input type="checkbox"/> |
| New Type Rating Validity Date: | | | | | |

- The candidate has passed a combined proficiency check for the revalidation of an IR(A) and Multi-Pilot Aeroplane Type Rating in accordance with Appendix 9 to PART-FCL, (See FCL.625.A IR(A)).
- The candidate has completed at least 10 route sectors as pilot of the relevant type during the period of validity of the rating, **OR**
- The candidate has completed 1 route sector, flown during this proficiency check, **OR**
- The candidate has completed a combined LPC/OPC i.a.w. FCL.740.A(a)(3)

In case of Partial Pass or Fail, Form PEL-FCL 540 must be filled and submitted

3. EXAMINER DECLARATION:

I Confirm that:

- Communication with the applicant can be established without language barriers;
- I have received information from the applicant regarding his or her experience and have found that the experience and instruction complies with the applicable requirements in Part-FCL;
- The applicant complies with all the qualification, training and experience requirements of Part-FCL for the revalidation of the Type Rating and/or IR for which this proficiency check is taken;
- I have made the applicant aware of the consequences of providing incomplete, inaccurate, or false information related to their training and flight experience.
- I have reviewed and applied the national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document (only applicable where the competent authority responsible for the applicant's license is not the same that issued the examiner's certificate); **Examiners Differences Document Version** _____

| | | | |
|---------------------------|--|----------------------------|--|
| Examiner Name: | | Examiner Signature: | |
| Examiner Certificate No.: | | Expiry Date: | |

- NOTES:**
- Examiners must follow the HCAA's National Procedures as promulgated on the HCAA website, or any alternative procedures as may be agreed between the HCAA and a specific Airline.
 - Unless otherwise agreed with the HCAA, Examiners must include a copy of their valid License, Type Rating, Instructor Certificate, and Examiner Certificate with this form.
- All Examiners are required by FCL.1030 (c) & (d) as follows:**
- To maintain records for 5 years with details of all proficiency checks performed and their results.
 - Upon request by the competent authority responsible for the examiner certificate, or the competent authority responsible for the applicant's license, to submit all records and reports, and any other information, as required for oversight activities.