



Form. No. PEL-FCL 540H
 Revision 2
 Page No. 1 of 9
 Revision Date: 04/11/2024

**APPLICATION AND REPORT FORM FOR:
 TRAINING, SKILL TEST & PROFICIENCY CHECK FOR
 ATPL & TYPE RATINGS, & PROFICIENCY CHECK FOR IRs
 (SINGLE/MULTI-PILOT HELICOPTERS)**

(PART-FCL Appendix 9 - PBN Compliant in accordance with EU Reg. 2016/539)

It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a license or the issue, renewal or revalidation of a rating, authorization or certificate, whether for that person or any other person.

Please complete this form in BLOCK CAPITALS having read the guidance notes attached to this form.

1. PERSONAL DETAILS

Surname: First Name(s):

Type of License held: License No.: Date of Birth (dd/mm/yyyy):

Permanent address (to be entered on the license):

..... Postcode:

Contact Tel. No.: E-mail address:

Declaration: : I understand that I am taking a Skill Test / Proficiency Check for the purpose(s) selected in section 2 below;

Applicant Signature: Date:

2. PURPOSE OF THE SKILL TEST / PROFICIENCY CHECK (tick as applicable)

Skill Test:		Proficiency Check:		IR:		
Type rating issue	<input type="checkbox"/> Conversion of a Type rating from a third country license	<input type="checkbox"/>	Type rating revalidation	<input type="checkbox"/>	IR Revalidation	<input type="checkbox"/>
ATPL(H) issue	<input type="checkbox"/> Removal of third country restriction from a type rating	<input type="checkbox"/>	Type rating renewal	<input type="checkbox"/>	IR Renewal	<input type="checkbox"/>
Extend existing type rating privileges to SP*/MP* Ops (* delete as applicable)	<input type="checkbox"/> Validation of a third country license	<input type="checkbox"/>	(Expiry date of previous rating)/...../.....		(Expiry date of previous rating:)/...../.....	
	<input type="checkbox"/> Extension of IR privileges from SE to ME helicopter	<input type="checkbox"/>				

Helicopter Type: Test condition: Single pilot Ops Multi-pilot Ops

3. APPLICATION & DECLARATION

Note: Applications for **ATPL(H)** issue use form **PEL-FCL 527H** and applications for **Validation of a 3rd country license** use form **PEL-FCL VAL** available at <http://hcaa.gov.gr>

I hereby apply for the: (Tick✓)

Issue / Revalidation / Renewal / Removal of 3rd country restriction / Conversion of a 3rd country type rating /

Extension of IR privileges / extension of rating privileges of the type rating indicated below. I declare that the information provided on this form is true to the best of my knowledge and belief.

Helicopter Type:

Signature of Applicant: Date:

HCAA Use Only:

Application Review:	Issue <input type="checkbox"/>	Pending Items <input type="checkbox"/>	Do not Issue <input type="checkbox"/>
Pending Items			
Applicant Informed via	DMS <input type="checkbox"/>	TEL <input type="checkbox"/>	EMAIL <input type="checkbox"/>
	Date:		Tick IF UPDATED ✓
Type Rating Issued:		Expiry Date:	
Restrictions			
HCAA Authorized Personnel (Name):			
Signature:		Date:	



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Name of Applicant:	Date of Birth (dd/mm/yyyy)
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4. COURSE COMPLETION CERTIFICATE (for Issue or Renewal of a Type rating - see guidance notes)

Shall be completed by the ATO or DTO Head of Training or Authorized Signatory for all applications.

(Tick ✓ as applicable)

(A) I certify that (Name)..... has met all pre-requisites for training established in Part-MED and Part-FCL, and has:

- completed a course of training (excluding MCC) for the initial issue of a type rating in accordance with Part-FCL, or
- completed a course of training (including MCC) for the initial issue of a type rating in accordance with Part-FCL, or
- completed a course of refresher training for the renewal of a type rating, or
- been assessed, and a determination made, that no refresher training is required for the renewal of the type rating.

In accordance with AMC1 FCL.740(b)(e), if it is determined no refresher training is required attach a certificate or other documentary evidence containing a respective statement including sufficient reasoning to support that determination (See guidance notes).

Date Course Commenced: Date Course Completed:

(B) Theoretical Knowledge Training:	From (Date): To (Date): Location:
	Hours completed: Date of Exam: Examination result (%):
(C) FSTD Training:	From (Date): To (Date): Location:
	Type Training completed in FFS (Hours): As PF: As PNF:
	Type Training completed in FTD (Hours): As PF: As PNF:
	IR Training completed in FFS/FTD As PF: As PNF:
	FSTDs used (ID No.(s)):

(D) Flight Training (in Helicopter):	Type rating Training completed (Hours):
	IR Training completed (Hours):
	Aircraft Type: Registration(s):
	No. of Take-offs / Landings: Training Aerodrome(s) used:

(E) Recommendation for Skill Test only:	Recommended by (Name): Lic. No.
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(F) ATO Details:	Name of Head of Training or Authorized Signatory: Position:
	Signature of Head of Training or Authorized Signatory: Date:
	ATO Name: ATO No.
	Competent Authority of ATO:



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Name of Applicant:	Date of Birth (dd/mm/yyyy)
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5. EXAMINER DECLARATION – SEE FCL.1030 I Confirm that:

1. communication with the applicant can be established without language barriers;
2. I have received information from the applicant regarding his or her experience and instruction, and have found that the experience and instruction complies with the applicable requirements in Part-FCL;
3. the applicant complies with all the qualification, training and experience requirements of Part-FCL for the issue, validation, revalidation or renewal of the license and/or type rating and/or IR for which this skill test or proficiency check is taken;
4. I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.
5. I have reviewed and applied the national procedures and requirements of the applicant's competent authority (*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 _____
6. I have made the applicant aware of his or her right of appeal to the result of the skill test / proficiency check.

Attempt 1: Examiner Signature:	Date:
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Attempt 2: Examiner Signature:	Date:
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6. SKILL TEST / PROFICIENCY CHECK DETAILS – FIRST ATTEMPT ONLY

I hereby certify the conduct of a: **SKILL TEST** **PROFICIENCY CHECK**

A/C or FSTD Type (incl. variant):	A/C Registration or FSTD ID No.:	
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Date:	Off Blocks/Start:	On Blocks/Finish:	Total Time:		
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Airport:	RWY & Procedure	
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RESULT: **PASS** **PARTIAL PASS** **FAIL**

(Note: if the test is stopped because the Examiner considers that the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail)

New Type rating validity date:	New IR validity date	Type / IR rating invalid until successful completion of further Test or Check <input type="checkbox"/>
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For Revalidation ONLY: (Tick✓ as applicable)

- The candidate has completed at least 2 hours as pilot of the relevant helicopter type (including the duration of this Proficiency check) within the period of validity of the rating
- The applicant holds more than one type rating for Single-engine Piston helicopters and meets the requirements of FCL.740.H(a)(3) for the revalidation of the following type(s):
- The applicant holds more than one type rating for Single-engine Turbine helicopters with a MTOM up to 3175kg and meets the requirements of FCL.740.H(a)(4) for the revalidation of the following type(s):

Examiner Name:	Examiner Certificate No.:	Expiry Date:
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Examiner Signature:	
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I acknowledge the result of the skill test / proficiency check detailed above
 Applicant Signature:

EXAMINER REPORT (complete for Partial Pass or Fail only)

Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground: Hrs.



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Name of applicant:	Date of Birth (dd/mm/yyyy)
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7. SKILL TEST / PROFICIENCY CHECK DETAILS – SECOND ATTEMPT ONLY

I hereby certify the conduct of a: SKILL TEST <input type="checkbox"/> PROFICIENCY CHECK <input type="checkbox"/>							
A/C or FSTD Type (incl. variant):				A/C Registration or FSTD ID No.:			
Date:		Off Blocks/Start:		On Blocks/Finish:		Total Time:	
Airport:		RWY & Procedure					
RESULT: PASS <input type="checkbox"/> FAIL <input type="checkbox"/>							
(Note: if the test is stopped because the Examiner considers that the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail)							
New Type rating validity date:		New IR validity date		Type / IR rating invalid until successful completion of further Test or Check <input type="checkbox"/>			
For Revalidation ONLY: (Tick✓ as applicable)							
<input type="checkbox"/> The candidate has completed at least 2 hours as pilot of the relevant helicopter type (including the duration of this Proficiency check) within the period of validity of the rating							
<input type="checkbox"/> The applicant holds more than one type rating for Single-engine Piston helicopters and meets the requirements of FCL.740.H(a)(3) for the revalidation of the following type(s):							
<input type="checkbox"/> The applicant holds more than one type rating for Single-engine Turbine helicopters with a MTOM up to 3175kg and meets the requirements of FCL.740.H(a)(4) for the revalidation of the following type(s):							
Examiner Name:		Examiner Certificate No.:		Expiry Date:			
Examiner Signature:							
I acknowledge the result of the skill test / proficiency check detailed above							
Applicant Signature:							
<u>EXAMINER REPORT (complete for Partial Pass or Fail only)</u>							
Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground: Hrs.							

8. CONTENT OF THE TRAINING, SKILL TEST / PROFICIENCY CHECK

- (a) The following symbols mean:
- P = Trained as PIC for the issue of a type rating for SPH or trained as PIC or Co-pilot and as PF and PNF for the issue of a type rating for MPH.
- (b) The practical training shall be conducted at least at the training equipment level shown as (P), or may be conducted up to any higher equipment level shown by the arrow (→).
- The following abbreviations are used to indicate the training equipment used:
- FFS = Full Flight Simulator
 FTD = Flight Training Device
 H = Helicopter
- (c) The starred items (*) shall be flown in actual or simulated IMC, only by applicants wishing to renew or revalidate an IR(H), or extend the privileges of that rating to another type.
- (d) Instrument flight procedures (Section 5) shall be performed only by applicants wishing to renew or revalidate an IR(H) or extend the privileges of that rating to another type. An FFS or FTD 2/3 may be used for this purpose.
- (e) Where the letter 'M' appears in the skill test or proficiency check column this will indicate the mandatory exercise.



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Name of applicant:	Date of Birth (dd/mm/yyyy)
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SINGLE/MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING				ATPL / TYPE-RATING SKILL TEST OR PROFICIENCY CHECK				
Manoeuvres/Procedures				Instructor initials & date training completed	Checked in:		Attempt		Examiner initials & date completed
	FTD	FFS	H		FFS H	1	2		

SECTION 1 – PRE-FLIGHT PREPARATIONS AND CHECKS

1.1	Helicopter exterior visual inspection; location of each item and purpose of inspection			P		M (if performed in the helicopter)			
1.2	Cockpit inspection		P	→		M			
1.3	Starting procedures, radio and navigation equipment check, selection and setting of navigation and communication frequencies	P	→	→		M			
1.4	Taxiing/air taxiing in compliance with air traffic control instructions or with instructions of an instructor		P	→		M			
1.5	Pre-take-off procedures and checks	P	→	→		M			

SECTION 2 – FLIGHT MANOEUVRES AND PROCEDURES

2.1	Take-offs (various profiles)		P	→		M			
2.2	Sloping ground or crosswind take-offs & landings		P	→					
2.3	Take-off at maximum take-off mass (actual or simulated maximum take-off mass)	P	→	→					
2.4	Take-off with simulated engine failure shortly before reaching TDP or DPATO		P	→		M			
2.4.1	Take-off with simulated engine failure shortly after reaching TDP or DPATO		P	→		M			
2.5	Climbing and descending turns to specified headings	P	→	→		M			
2.5.1	Turns with 30° bank, 180° to 360° left and right, by sole reference to instruments	P	→	→		M			
2.6	Autorotative descent	P	→	→		M			
2.6.1	Autorotative landing (SEH only) or power recovery		P	→		M			
2.7	Landings, various profiles		P	→		M			
2.7.1	Go-around or landing following simulated engine failure before LDP or DPBL		P	→		M			
2.7.2	Landing following simulated engine failure after LDP or DPBL		P	→		M			



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SINGLE/MULTI-PILOT HELICOPTERS	PRACTICAL TRAINING				ATPL / TYPE-RATING SKILL TEST OR PROFICIENCY CHECK				
Manoeuvres/Procedures	FTD	FFS	H	Instructor initials & date training completed	Checked in:		Attempt		Examiner initials & date completed
					FFS H	H	1	2	

SECTION 3 – NORMAL AND ABNORMAL OPERATIONS OF THE FOLLOWING SYSTEMS AND PROCEDURES

3. Normal and abnormal operations of the following systems and procedures					M A mandatory minimum of 3 items shall be selected from this section			
3.1 Engine	P	→	→					
3.2 Air conditioning (heating, ventilation)	P	→	→					
3.3 Pitot/static system	P	→	→					
3.4 Fuel system	P	→	→					
3.5 Electrical system	P	→	→					
3.6 Hydraulic system	P	→	→					
3.7 Flight control and Trim system	P	→	→					
3.8 Anti-icing and de-icing system	P	→	→					
3.9 Autopilot/Flight director	P	→	→					
3.10 Stability Augmentation devices	P	→	→					
3.11 Weather radar, radio altimeter, transponder	P	→	→					
3.12 Area Navigation System	P	→	→					
3.13 Landing gear system	P	→	→					
3.14 Auxiliary power unit	P	→	→					
3.15 Radio, navigation equipment, instruments, flight management system	P	→	→					

SECTION 4 – ABNORMAL AND EMERGENCY PROCEDURES

4. Abnormal and emergency procedures					M A mandatory minimum of 3 items shall be selected from this section			
4.1 Fire drills (including evacuation if applicable)	P	→	→					
4.2 Smoke control and removal	P	→	→					
4.3 Engine failures, shutdown and restart at a safe height	P	→	→					
4.4 Fuel dumping (simulated)	P	→	→					
4.5 Tail rotor control failure (if applicable)	P	→	→					
4.5.1 Tail rotor loss (if applicable)	P	→	→	Helicopter may not be used for this exercise				
4.6 Incapacitation of crew member – MPH only	P	→	→					
4.7 Transmission malfunctions	P	→	→					
4.8 Other emergency procedures as outlined in the appropriate Flight Manual	P	→	→					



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Name of applicant:	Date of Birth (dd/mm/yyyy)
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Manoeuvres/Procedures				Instructor initials & date training completed	Checked in:		Attempt		Examiner initials & date completed
	FTD	FFS	H		FFS	H	1	2	
SECTION 5 – INSTRUMENT FLIGHT PROCEDURES (TO BE PERFORMED IN IMC OR SIMULATED IMC)									
5.1	Instrument take-off: transition to instrument flight is required as soon as possible after becoming airborne	P*	→*	→*					
5.1.1	Simulated engine failure during departure	P*	→*	→*		M*			
5.2	Adherence to departure and arrival routes and ATC instructions	P*	→*	→*		M*			
5.3	Holding procedures	P*	→*	→*					
5.4	3D operations to DH/A of 200 feet (60 m) or to higher minima if required by the approach procedure	P*	→*	→*					
5.4.1	Manually, without flight director Note: According to the AFM, RNP APCH procedures may require the use of autopilot or Flight Director. The procedure to be flown manually shall be chosen taking into account such limitations (example choose an ILS for 5.4.1 in case of such AFM limitation)	P*	→*	→*		M*			
5.4.2	Manually, with Fight Director	P*	→*	→*		M*			
5.4.3	With coupled autopilot	P*	→*	→*					
5.4.4	Manually, with one engine simulated inoperative. (Engine failure has to be simulated during final approach before passing 1000 feet above aerodrome level until touchdown or until completion of the missed approach procedure)	P*	→*	→*		M*			
5.5	2D operations down to the minimum descent altitude MDA/H	P*	→*	→*		M*			
5.6	Go-around with all engines operating on reaching DA/DH or MDA/MDH	P*	→*	→*					
5.6.1	Other missed approach procedures	P*	→*	→*					
5.6.2	Go-around with one engine simulated inoperative on reaching DA/DH or MDA/MDH	P*				M*			
5.7	IMC autorotation with power recovery	P*	→*	→*		M*			
5.8	Recovery from unusual attitudes	P*	→*	→*		M*			

SECTION 6 – USE OF OPTIONAL EQUIPMENT									
6.	Use of optional equipment	P→	→	→					

SECTION 7 – ORAL THEORETICAL KNOWLEDGE FOR SE TYPE RATING SKILL TEST									
7	Oral questions					M			



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9. SUBMISSION INSTRUCTIONS

Please, send your application along with the following attachments to info@hcaa.gov.gr with the following

Subject: **PEL-FCL- (License Number if available & Last Name)**

- Complete copy of the Examiner's valid Part-FCL Pilot license (if held) and Part-FCL Examiner Certificate
- Copy of the Notification of Test confirmation email with the declaration signed by the Examiner.

If Applicable

- ATO Course completion certificate (if Section 4 is not completed) **(Issue or renewal only)**.
- Complete copy of the ATO Approval Certificate, including attachments/appendices **(Issue or renewal only)**.
- Copy of the EU-FSTD Qualification Certificate(s) for each device used for training and/or skill test
- MCC Course Completion Certificate & ATO Approval Certificate (or evidence of exemption) unless combined with Type rating course **(Issue of 1st MPH type rating only)**.
- e-Administrative Fee Code-eparavolo *1
- Copy of the applicant's signed rating page **(revalidation only)**
- Copy of ICAO flight crew license with Type rating endorsement (Temporary licenses/certificates are NOT accepted) **(Conversion of 3rd country type rating only)**
- Evidence of 100 hours flying experience on type (SEH up to 3175 MTOM) or 350 hours on type for all other types (Logbook(s) or letter from Operator) **(Removal of 3rd country restriction only)**.

10. GUIDANCE NOTES

Section 1: Applicant Details – to be completed by the applicant

Section 2: Purpose of the Skill Test / Proficiency Check – to be completed by the applicant.

Note: if a test/check for both SP and MP privileges is to be completed, a separate form must be completed for each test/check.

Section 3: Application & Declaration - to be completed by the applicant.

Section 4: Course Completion Certificate –

Initial issue of a Type rating:

To be completed, as applicable, by the ATO / DTO Head of Training or authorized signatory for initial issue of a type rating. An ATO / DTO Course Completion Certificate will be accepted in lieu of this section provided it contains the same information and Section 4(A) and (F) have been completed.

Renewal of a Type rating:

To be completed the ATO or DTO as applicable. In accordance with AMC1 FCL.740(b)(e), if it is determined no refresher training is required attach a certificate or other documental evidence containing a respective statement including sufficient reasoning to support that determination. Failure to provide a certificate or other documental evidence will result in the application not being processed and further action taken. A full new application will then be required.

Section 5: Examiner Declaration – to be completed by the Examiner(s) that conduct the Test/Check, and re-test if applicable.

Section 6: Skill Test / Proficiency Check Details (1st Attempt only) – to be completed by the Examiner that conducts the 1st attempt only. If the result of the test/check is a Partial Pass or Fail, the Examiner report must be completed – the report can be continued on a separate sheet of paper if necessary.

Section 7: Skill Test / Proficiency Check Details (2nd Attempt only) – to be completed by the Examiner that conducts the 2nd attempt (re-test following Partial Pass) only. If the result of the re-test is a Fail, the Examiner report must be completed – the report can be continued on a separate sheet of paper if necessary.



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Section 8: Content of the Training, Skill Test / Proficiency Check – to be completed by the Instructor(s) and Examiner(s), as applicable.

The Examiner(s) should annotate **PASS** or **FAIL** against each item tested in the 'Attempt 1' box as applicable'. If an item is passed, complete the 'Examiner Initials and date completed' box. If an item is failed, do not initial or date the box. On a re-test annotate **PASS** or **FAIL** in 'Attempt 2 box' and sign and date in the 'Examiners Initials and date completed' box. A different Examiner may conduct Attempt 2. All items in Attempt 1 must be completed before starting Attempt 2.

When the revalidation of an IR is not combined with the revalidation of a Type rating, the applicant shall complete only section 5 and the relevant parts of section 1 of the proficiency check.

Full details on the conduct of the Test/Check, specific requirements for the Test/Check, pass marks, test tolerances and content of the Training, Skill Test/Proficiency Check are set out in Appendix 9 of the Aircrew Regulation (Commission Regulation (EU) No. 1178/2011 (as amended)).

Section 9: Submission Instructions – please submit the required documents. Failure to submit all required documentation may result in the return of your application.

*1

Paravolo - Administrative Fee Code per Situation	
Initial CPL & Type Rating	4511 & 4619
CPL Re-issue (Renewal)	4512 & 4619
Initial ATPL & Type Rating	4513 & 4619
ATPL Renewal	4514 & 4619
CPL, ATPL Revalidation (No Issue)	4619 only
Initial PPL & Type Rating	4509 & 4619
PPL Renewal & Type Rating	4510 & 4619