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| **APPLICATION AND REPORT FORM FOR THE BPL HOT-AIR AIRSHIP EXTENSION/COMMERCIAL OPERATIONS SKILL TEST OR PROFICIENCY CHECK** | | | | | | |
| *Tick as applicable* | I hereby apply for the issue of the following in accordance with Annex III (Part BFCL) to Regulation (EU) 2018/395:  BPL hot-air airship extension  Commercial operation rating  CAA approval No.:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| I hereby apply for the issue of the following in accordance with Annex III (Part BFCL) to Regulation (EU) 2018/395:  Proficiency check (BPL- recency)  Proficiency check (commercial operation rating) | | | | | |
| 1. **APPLICANT’S PERSONAL PARTICULARS:** | | | | | | |
| Applicant’s last name(s): | | | | First name(s): | | |
| Date of birth: | | | Telephone: | | E-mail: | |
| Address: | | | | Country: | | |
| Date: | | | | Signature: | | |
| 1. **LICENCE DETAILS:** | | | | | | |
| Licence number (if applicable): | | | | | | |
| Class extension(s):  *(tick as applicable)* | | Hot-air balloons/Groups:  A  B  C  D  Gas balloons | | | | |
| 1. **DETAILS OF THE SKILL TEST/PROFICIENCY CHECK FLIGHT** | | | | | | |
| Date: | | | Class/group of balloon: | | Registration: | |
| Take-off site: | | Take-off time: | | Landing time: | | Flight time: |
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|  | | | | Total flight time: | |  |
| 1. **RESULT OF THE TEST OF CHECK** | | | | | | |
| Skill test/proficiency check details (including information on oral theoretical knowledge examination, where applicable): | | | | | | |
| Passed | | | Partially passed | | Failed | |
| 1. **REMARKS** | | | | | | |
| Reasons and details in case of fail or partial pass/other remarks as necessary: | | | | | | |

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| 1. **EXAMINER’S DECLARATIONS AND DETAILS** | | | |
| *I, the undersigning examiner:* | | **YES** | **NO** |
| **BFCL.410 (a)(1)** have ensured that communication with applicant can be established without language barriers. | |  |  |
| **BFCL.410 (a)(2)** have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part BFCL) to Regulation (EU) 2018/395. | |  |  |
| **BFCL.410 (a)(3)** have made applicant aware of the consequences of providing incomplete, inaccurate or false information related to his or her training and flight experience. | |  |  |
| **BFCL.410 (b)(3)(iv)** where applicable, have reviewed and applied the national procedures and requirements of the applicant’s competent authority which is different from the competent authority that issued my examiner certificate and are contained in version \_\_\_\_\_\_\_\_\_\_\_\_ of the [Examiner Differences Document](https://www.easa.europa.eu/newsroom-and-events/news/european-aviation-safety-agency-easa-today-published-examiner-differences). | |  |  |
| Examiner’s certificate number: | Examiners BPL number: | | |
| Examiner’s name (capital letters): | Date and examiner’s signature: | | |

Applicant’s first, last name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **PRE-FLIGHT OPERATIONS, INFLATATION AND TAKE-OFF** | | | | |
| Note: Use of checklist(s), airmanship, control of hot-air airship by external visual reference, look-out procedures, etc. apply in all sections. | | **Passed** | | **Failed** |
| a | Pre-flight documentation (licence, medical certificate, permits to take off, insurance certificate, aeronautical charts, aircraft flight manual (AFM), logbook, technical logbook, checklists, etc.), flight planning, NOTAM(s) and weather briefing, *knowledge of Part-BOP* |  | |  |
| b | Hot-air airship inspection and servicing, *minimum equipment list (MEL)* |  | |  |
| c | Suitability of launch site |  | |  |
| d | Load calculation |  | |  |
| e | Crowd control, crew and passenger briefings |  | |  |
| f | Assembly and layout |  | |  |
| g | Inflation and pre-take-off procedures, *including passenger involvement and briefing* |  | |  |
| h | Take-off |  | |  |
| i | ATC compliance (if applicable), *operation of radio and/or transponder (including emergency procedures)* |  | |  |
| 1. **GENERAL AIRWORK** | | | **Passed** | **Failed** |
| a | Climb to level flight | |  |  |
| b | Level flight | |  |  |
| c | Turns | |  |  |
| d | Stationary flight | |  |  |
| e | Descent to level flight | |  |  |
| f | Operating at low level | |  |  |
| g | ATC compliance (if applicable) | |  |  |

*Italic* additionally for commercial operation rating

Applicant’s first, last name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **EN-ROUTE PROCEDURES** | | **Passed** | **Failed** |
| a | Dead reckoning and map reading |  |  |
| b | Marking positions and time |  |  |
| c | Orientation and airspace structure |  |  |
| d | Plotting and steering expected track |  |  |
| e | Maintenance of altitude |  |  |
| f | Fuel management |  |  |
| g | Pressure and engine parameter checks |  |  |
| h | Communication with ground crew |  |  |
| i | ATC compliance (if applicable) |  |  |
| 1. **APPROACH AND LANDING PROCEDURES** | | **Passed** | **Failed** |
| a | Approach, missed approach and go-around |  |  |
| b | Pre-landing checks |  |  |
| c | Selection of landing field |  |  |
| d | Landing and deflation |  |  |
| e | ATC compliance (if applicable) |  |  |
| f | Actions after flight (recording of the flight, closing flight plan (if applicable), briefing passengers for packing hot-air airship, contact landowner) |  |  |
| 1. **ABNORMAL AND EMERGENCY PROCEDURES** | | **Passed** | **Failed** |
| This section may be combined with Sections 1 through 4. | | | |
| a | Simulated fire on the ground and in the air |  |  |
| b | Simulated pilot light, burner and engine failures |  |  |
| c | Approach with simulated engine failure, missed approach and go-around |  |  |
| d | Simulated passenger health problems |  |  |
| e | Other abnormal and emergency procedures as outlined un the appropriate flight manual |  |  |
| f | Oral questions |  |  |

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| **COMPLETED BY EXAMINER** | **YES** | **NO** |
| **BFCL.410 (b)(1)** I have informed the applicant of the result of skill test or proficiency check. |  |  |
| **BFCL.410 (b)(3)** I have provided the applicant with a signed report of the skill test or proficiency check. |  |  |
| I confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail or partial pass. |  |  |
| In the case if the competent authority responsible for the applicant’s licence is not the same that issued the examiner’s certificate | | |
| *I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.* |  |  |

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| Any comment on, or disagreement with an examiner’s test or check evaluation or assessment made during a debriefing: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Examiner’s name, surname / Date / Signature |

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| **COMPLETED BY APPLICANT** |
| *I confirm that I understand and agree with all the information mentioned above and have no objections.*  ***In the event of partial pass or fail:*** *I agree /*  *I disagree /*  *N/A for re-examination with the same examiner.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s name, surname / Date / Signature |