

CAA Permission No.: \_\_\_\_\_

APPLICATION AND REPORT FORM (according to AMC1 of Appendix 7)			
SKILL TEST FOR THE ISSUE OF LAPL			
Applicant's last name(s):		LAPL: A <input type="checkbox"/>	
Applicant's first name(s):			
Signature of applicant:			
Type of licence*:			
Licence number*:			
State:			
1. Details of the flight			
Group, class, type of aircraft:		Registration:	
Aerodrome or site:	Take-off time:	Landing time:	Flight time:
Total flight time:			
2. Result of the test			
Skill test details:			
Pass <input type="checkbox"/> Fail <input type="checkbox"/> Partial pass <input type="checkbox"/>			
3. Remarks			
Location and date:			
Examiner's certificate number*:		Type and number of licence:	
Signature of examiner:		Name(s) in capital letters:	

\* if applicable

# Contents of the skill test for the issue of a LAPL(A) (according to AMC1 FCL.125(e))

Circle **O** when item passed

Cross **X** when item failed

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

## SECTION 1 – PRE-FLIGHT OPERATIONS AND DEPARTURE

Use of checklist, airmanship, control of aeroplane or TMG by external visual reference, anti/de-icing procedures, etc. apply in all sections.

a	Pre-flight documentation, NOTAM and weather briefing
b	Mass and balance and performance calculation
c	Aeroplane or TMG inspection and servicing
d	Engine starting and after starting procedures
e	Taxiing and aerodrome procedures, pre-take-off procedures
f	Take-off and after take-off checks
g	Aerodrome departure procedures
h	ATC liaison: compliance

## SECTION 2 – GENERAL AIRWORK

a	ATC liaison
b	Straight and level flight, with speed changes
c	Climbing: i) best rate of climb; ii) climbing turns; iii) levelling off.
d	Medium (30° bank) turns, look-out procedures and collision avoidance
e	Steep (45° bank) turns
f	Flight at critically low air speed with and without flaps
g	Stalling: i) clean stall and recover with power; ii) approach to stall descending turn with bank angle 20°, approach configuration; iii) approach to stall in landing configuration.
h	Descending: i) with and without power; ii) descending turns (steep gliding turns); iii) levelling off.

## SECTION 3 – EN-ROUTE PROCEDURES

a	Flight plan, dead reckoning and map reading
b	Maintenance of altitude, heading and speed
c	Orientation, airspace structure, timing and revision of ETAs, log keeping
d	Diversion to alternate aerodrome (planning and implementation)
e	Flight management (checks, fuel systems, carburettor icing, etc.)
f	ATC liaison: compliance

## SECTION 4 – APPROACH AND LANDING PROCEDURES

a	Aerodrome arrival procedures
b	Collision avoidance (look-out) procedures
c	Precision landing (short field landing) and crosswind, if suitable conditions available
d	Flapless landing (if applicable)
e	Approach to landing with idle power
f	Touch and go
g	Go-around from low height
h	ATC liaison
i	Actions after flight

## Contents of the skill test for the issue of a LAPL(A) (according to AMC1 FCL.125(e))

Circle **O** when item passed

Cross **X** when item failed    Applicant's first, last name(s): \_\_\_\_\_

SECTION 5 – ABNORMAL AND EMERGENCY PROCEDURES	
This section may be combined with Sections 1 through 4	
a	Simulated engine failure after take-off
b*	Simulated forced landing
c*	Simulated precautionary landing
d	Simulated emergencies
e	Oral questions

\* These items may be combined, at the discretion of the FE.

COMPLETED BY EXAMINER		
<b>FCL.1030(a)(1)</b> , I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(a)(2)</b> , I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(a)(3)</b> , I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(1)</b> , I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(1)</b> , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(3)</b> , I have provided the applicant with a signed report of the skill test or proficiency check.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030(b)(3)(ii)</b> , I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate</b>		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the <a href="#">Examiner Differences Document</a> .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:</b>		
<div style="text-align: center;">           _____            Examiner's Name, Surname / Date / Signature         </div>		

COMPLETED BY APPLICANT
I understand and agree with all above mentioned information and have no objections.
<b>In the event of a partial pass or fail:</b> I <input type="checkbox"/> agree/ <input type="checkbox"/> disagree for re-examination with the same examiner.
<div style="text-align: center;">           _____            Applicant's Name, Surname / Date / Signature         </div>