**SKILL TEST / EXAMINER, INSTRUCTOR ASSESSENT OF COMPETENCE APPLICATION**

**AND EXAMINER DESIGNATION FORM**

**Please tick**  **for which licence and / or rating applicant is recommended and choose aircraft category**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **LIGHT AIRCRAFT PILOT LICENCE (LAPL)** | | | | Choose category |
|  | **PRIVAT PILOT LICENCE (PPL) / SAILPLANE PILOT LICENCE (SPL) / BALLOON PILOT LICENCE (BPL)** | | | | Choose category |
|  | **COMMERCIAL PILOT LICECNE (CPL)** | | | | Choose category |
|  | **INSTRUMENT RATING (IR)** | | | | Choose category |
|  | **CLASS AND TYPE RATING** | | | | Choose category |
|  | **ADDITIONAL RATING** | | | | Choose category |
|  | **EXAMINER ASSESSMENT OF COMPETENCE** | | | | Choose category |
|  | **INSTRUCTOR ASSESSMENT OF COMPETENCE** | | | | Choose category |
|  | **LICENCE ACCORDING CABINET OF MINISTER REGULATIONS No. 762** | | | | Choose category |
| **Applicant’s Name, Surname:** | | | Enter text here | | |
| **Pilot licence No. and type:** | | | Enter text here | | |
| **Class of medical certificate and validity:** | | | Enter text here | Specify date | |
| **Requested rating / qualification:** | | | Enter text here | | |
| **Aircraft / FSTD type and registration No.:** | | | Enter text here | | |
| **Proposed date of the test:** | | | Enter text here | | |
| **Name of organisation responsible for training:** | | | Enter text here | | |
| **Name(s) of instructor(s) who provided training:** | | | Enter text here | | |
| I certified that applicant have passed the required theoretical knowledge examination and have completed required training and is recommended for skill test as required in FCL.030. | | | | | |
| Name, Surname | | Date | | | |
| *Person responsible for the training* | | | | | |

|  |
| --- |
| **Person from training organisation responsible for the training at least 5 days prior to proposed Skill Test or Examiner, Instructor Assessment of Competence shall send this form by e-mail to:** [**Armands.Ozolins@caa.gov.lv**](mailto:Armands.Ozolins@caa.gov.lv)  **Within 5 days the CAA of Latvia will designate examiner and send confirmation e-mail.**  **Skill tests and Examiner assessments of Competence shall be performed only after receiving permission from CAA!** |

**Holders of an Examiners Certificate shall not conduct Skill Tests, Proficiency Checks or Assessments of Competence of an Applicant for which the Competent Authority is not the same that issued the Examiner's Certificate, unless they have reviewer the latest available information containing the relevant national procedures of the applicant’s CAA published on EASA hompage as** [**Examiner Differences Document**](https://www.easa.europa.eu/newsroom-and-events/news/european-aviation-safety-agency-easa-today-published-examiner-differences)**.**

**In that case following document copies shall be added to this Application Form and sent to the CAA** [**Armands.Ozolins@caa.gov.lv**](mailto:Armands.Ozolins@caa.gov.lv)**:**

**valid Examiner’s flight crew licence with appropriate ratings;**

**valid Examiner’s Medical Certificate (if applicapble);**

**valid Examiner’s Certificate.**

* **Examiner shall provide the Applicant with a signed report of the Skill Test and submit without delay copies of the report to the CAA (**[**REPORTS@caa.gov.lv**](mailto:REPORTS@caa.gov.lv)**) and to the Competent Authority that issued the Examiner’s Certificate.**
* **The Examiner is not allowed to enter any new rating in the licence after passed Skill Test or Examiner Assessment of Competence.**
* **Examiners shall maintain records for 5 years with details of all Skill Tests, Proficiency Checks and Assessments of Competence performed and their results.**
* **Upon request by the Competent Authority responsible for the Examiner’s Certificate or CAA Examiner shall submit all records and reports, and any other information, as required for oversight activities.**

**FOR CAA OFFICAL USE ONLY**

|  |  |  |
| --- | --- | --- |
| Test permission No.: | Enter text here | |
| Date of the test: | Specify date | |
| Designated Examiner: | Name, Surname | |
| Contact details of Examiner: | Phone no., e-mail | |
| Accepted by CAA inspector: | Name, Surname | Date |