

SINGLE-PILOT AEROPLANE (Non-HPCA)	
<input type="checkbox"/> SKILL TEST <input type="checkbox"/> PROFICIENCY CHECK	
Licence Endorsement:	<input type="checkbox"/> PIC <input type="checkbox"/> CO-PILOT <input type="checkbox"/> VFR <input type="checkbox"/> IFR

Application and report form

A. Udfyldes af ansøgeren/To be filled out by the applicant:

CPR-nr./Date of Birth:	Certifikat nr./Licence no.: (If any)	Udstedende Stat/State of Licence Issue:
Fornavne/First name(s):		Efternavn/Last name:
Gade eller vej/Street:		
Postnr. og by/Postal code and city:	e-mail:	Tlf./Telephone:
Dato for underskrift/Date of signature:	Underskrift/Signature:	

B: Udfyldes af skolen/To be filled out by ATO:

Name of ATO: (Use stamp):	IKAROS FLY ApS KØBENHAVNS LUFTHAVN 4000 ROSKILDE TLE 46 14 18 70				
Specification of flight time Only Skill Test for the issue of Class/type rating and Instrument Rating					
Total:	PIC:	Instrument time::	Flight time during training:		
			Total:	Instrument:	ME:
Specification of flight time Proficiency check					
Total:	Total on class/type:		Route sectors latest validity period:	If issue or renewal: Flight time during training:	
I hereby certify that the applicant has passed the required training and that the applicant fulfils all the requirements for the test or check to be taken					
Date of signature of Head of Training		Name and Signature of Head of Training			

C: To be filled out by the Examiner:

Date of test:	Licence Endorsement:	Type of aircraft:			
Name of Examiner or stamp:		Stamp of Examiner,			
Authorisation no. of Examiner or stamp:					
I hereby certify that the applicant has passed the required training and that the applicant fulfils all the requirements for the test or check to be taken					
Date of signature of Examiner		Signature of Examiner			
Result of the test					
Section 1: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 2: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 3: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 4: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 5: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Section 6: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Final result: <input type="checkbox"/> Passed <input type="checkbox"/> Partial Pass <input type="checkbox"/> Failed			Temporary licence issued (copy enclosed): <input type="checkbox"/> Yes <input type="checkbox"/> No Valid until:		
Proficiency check only: I have entered the following details in the applicants licence:					
Rating		Date of check		Valid until	
Rating		Date of check		Valid until	

Use of the aeroplane checklists, airmanship, control of aeroplane by external visual reference, anti-icing/de-icing procedures and principles of threat and error management apply in all sections

Name of Applicant:	
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In accordance with ARA.GEN.315(a), (b) – (c)

Undertegnede bekræfter hermed, at jeg ved ansøgningstidspunktet

1. ikke var ikke i besiddelse af et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat;
2. ikke har ansøgt om et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori i en anden medlemsstat; og
3. aldrig har haft et personligt certifikat, rating, tilladelse eller attest med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat, som er tilbagekaldt eller suspenderet i anden medlemsstat.

Note:

Ukorrekte oplysninger vedrørende ovenstående, kan være diskvalificerende for udstedelse af certifikat, rating, tilladelse m.v.

Undersigned hereby confirm that I at the time of application

1. was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
2. has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
3. has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.
- 4.

Note:

Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorisation, etc.

Dato:/Date: _____

Underskrift:/Signature: _____