



## APPLICATION FOR COMMERCIAL AIR TRANSPORT FLIGHT PROFICIENCY CHECK

**INSTRUCTIONS**  
Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the CAAV or an CAAV Authorized Person. If additional space is required, use an attachment

**A. APPLICATION IS HEREBY MADE FOR PILOT PROFICIENCY CHECK FOR COMMERCIAL AIR TRANSPORT IN:**

- |                              |                                       |                                  |
|------------------------------|---------------------------------------|----------------------------------|
| 1 TURBOJET AIRCRAFT          | 4 FLIGHT ENGINEER                     | 7 HELICOPTER IFR/VFR/DAY/NIGHT   |
| 2 TURBOPROP AIRCRAFT         | 5 9 PAX OR 5700 kg: IFR/VFR/DAY/NIGHT | 8 HELICOPTER TYPE - VFR DAY ONLY |
| 3 RECIPROCATING OVER 5700 kg | 6 9 PAX OR 5700 kg: VFR DAY ONLY      | 9 OTHER (Specify):               |

**B. RECORD OF AOC HOLDER PRE-CHECK NOTIFICATION TO FLIGHT SAFETY STANDARDS DEPARTMENT:**

- |                                |                         |                              |                           |
|--------------------------------|-------------------------|------------------------------|---------------------------|
| 1. DATE & TIME OF NOTIFICATION | 2. FSSD PERSON NOTIFIED | 3. DATE/TIME CHECK SCHEDULED | 4. LOCATION & CHECK PILOT |
|--------------------------------|-------------------------|------------------------------|---------------------------|

**C. AIR OPERATOR REQUEST:**

1. *I certify that the airman listed in Section D below has completed all applicable training requirements for operations with this company under commercial air transport and request that he or she be checked for proficiency for the following aircraft, positions and flight operations:*

- |   |                                   |  |  |
|---|-----------------------------------|--|--|
| 2. AIRCRAFT (MAKE, MODEL)   | 3. ASSIGNED POSITION (PIC OR SIC) | 4. FLIGHT OPERATIONS: (DAY, NIGHT, VFR, IFR) | 5. PILOT BASE MONTH (FOR PROF CHECK)           |
| 6. AIR OPERATOR BUSINESS NAME:  |                                   | 7. AOC CERTIFICATE#:                         | 8. TELEPHONE                                   |
|   |                                   |  | 9. FAX   |
| 10. SIGNATURE OF COMPANY OFFICIAL (DIRECTOR OF OPERATIONS OR CHIEF PILOT) |                                   | 11. DATE SIGNED                              | 12. PRINTED NAME AND TITLE OF COMPANY OFFICIAL |

**D. AIRMAN PERSONAL INFORMATION:**

- |                               |           |  |          |              |            |  |
|-------------------------------|-----------|--|----------|--------------|------------|--|
| 1. NAME (Last, First, Middle) |           | 2. PERMANENT ADDRESS (Street or PO Box Number) |          |              |            |  |
| 3. TELEPHONE AND FAX          |           | 4. CITY  | 5. STATE | 6. MAIL CODE | 7. COUNTRY |  |
| 8. DATE OF BIRTH              | 9. HEIGHT | 10. WEIGHT                                     | 11. HAIR | 12. EYES     | 13. SEX    |  |
| 14. NATIONALITY (CITIZENSHIP) |           |  |          |              |            |  |

**E. AIRMAN LICENSE INFORMATION AND FLIGHT HOURS:**

- |  |                                       |                                      |   |  |   |  |  |
|--|---------------------------------------|--------------------------------------|---|--|---|--|--|
| 1. CAAV PEL NUMBER                       |                                       | 2. STATE OF ISSUE                    |   | 3. DATE ISSUED                         |   | 4. RATING(S)                             |  |
| 5. FLIGHT HRS<br><small>6 MONTHS</small> | 6. PIC HRS<br><small>6 MONTHS</small> | 7. DAY LGS<br><small>90 DAYS</small> | 8. NIGHT HRS<br><small>6 MONTHS</small> | 9. NIGHT LDGS<br><small>90 DAY</small> | 10. INST HRS<br><small>6 MONTHS</small> | 11. INST APPR<br><small>6 MONTHS</small> | 12. HRS TYPE<br><small>90 DAYS</small> |

**F. MEDICAL CERTIFICATE INFORMATION:**

- |                         |  |                   |  |                  |  |                     |  |
|-------------------------|--|-------------------|--|------------------|--|---------------------|--|
| 1. CLASS OF CERTIFICATE |  | 2. STATE OF ISSUE |  | 3. DATE OF ISSUE |  | 4. MEDICAL EXAMINER |  |
|-------------------------|--|-------------------|--|------------------|--|---------------------|--|

**G. PILOT CERTIFICATION:**

1. *I certify that the above personal and certificate information is true and correct. I further certify that I have completed all applicable initial and/or recurrent training requirements approved for the AOC holder and meet all VAR Part 7, 10 and 14 aeronautical experience requirements for the assigned aircraft, position and operations proposed.:*

- |                 |  |                        |  |                           |  |
|-----------------|--|------------------------|--|---------------------------|--|
| 2. DATE SIGNED. |  | 3. SIGNATURE OF AIRMAN |  | 4. PRINTED NAME OF AIRMAN |  |
|-----------------|--|------------------------|--|---------------------------|--|

**H. PROFICIENCY CHECK RESULTS: -**

- |                                  |                  |   |  |
|----------------------------------|------------------|---|--|
| 1. Proficiency Check-Oral        | (a) Satisfactory |   | (b) Needs further training as indicated  |
| 2. Proficiency Check-Simulator   | (a) Satisfactory |   | (b) Needs further training as indicated  |
| 3. Proficiency Check - Aircraft  | (a) Satisfactory | (b) IFR with SIC Authorized<br>(c) IFR, Autopilot, No SIC<br>(d) VFR only | (e) Needs further training as indicated. |
| 4. Re-Establish Landing Currency | (a) Satisfactory | Aircraft Type & Variant:  | (e) Needs further training as indicated. |

**I. CHECK CONDUCTED BY: (Insert credential, certificate or designation number) -**

- |             |                             |                   |                |
|-------------|-----------------------------|-------------------|----------------|
| 1 CAAV-FSSD | 2 APPROVED TRAINING ORGANIZ | 3 FLIGHT EXAMINER | 4 CHECK AIRMAN |
| 5. DATE     | 6. TITLE                    | 7. SIGNATURE      |                |

**J. CAAV-FSSD CERTIFICATION:**

- |  |                            |
|--|----------------------------|
| 1 ACCEPTABLE - NO FURTHER ACTION NECESSARY | 2 RE-EXAMINATION REQUIRED. |
|--|----------------------------|

<b>PILOT:</b>		
<b>AIRCRAFT:</b>		
<b>DATE:</b>		
<b>RESULTS:</b>		
<b>CHECK AIRMAN:</b>		
<b>ORAL (OR WRITTEN) EXAMINATION</b>		
1	Memory Action Items	
2	Aircraft Limitations	
3	Aircraft Systems	
4	Operations Specifications & Ops Manual	
5	Operational Flight Planning	
6	Load Manifest and Performance Calculation	
7	Completion of the Aircraft Tech Log	
8	Applicable Regulations and Schedules	
<b>FLIGHT PREPARATION</b>		
9	Airplane exterior visual inspection	#
10	Use of checklists prior to starting engines	#
11	Taxiing	#
12	Preflight checks and checklists	#
<b>TAKEOFFS</b>		
13	Normal takeoffs	V
14	Short Field takeoffs	V
15	Instrument takeoff ( <i>transition during rotation or immediately after becoming airborne</i> )	IR
16	Crosswind Takeoff ( <i>a/c if practical</i> )	V
17	Takeoff at maximum takeoff mass (actual or simulated)	SIM
18	Takeoff with engine failure before 500' AGL ( <i>reciprocating less than 12,500 lbs</i> )	V
19	Takeoff with engine failure between V1 and V2	
20	Rejected takeoff before reaching V1	V
<b>FLIGHT MANEUVERS</b>		
21	Steep Turns ( <i>45° bank-180° to 360° left and right</i> )	V
22	Takeoff configuration approach to stall ( <i>early recognition and counter measures</i> )	W1
23	Clean configuration approach to stall ( <i>recognition and counter measures</i> )	W1
24	Landing configuration approach to stall ( <i>recognition and countermeasures</i> )	W1
25	Special flight characteristic procedure	#
26	Normal operations of systems and controls	#
<b>INSTRUMENT FLIGHT PROCEDURES</b>		
27	Area departure and arrival routes	
28	ATC Procedures	
28	Holding Procedures	
29	ILS approach ( <i>200 DH</i> ) manually	
30	ILS approach ( <i>200 DH</i> ) autopilot coupled	
31	ILS approach ( <i>200 DH</i> ) manually with one engine inop	#
32	ILS Category II approach ( <i>100 DH</i> )	#
33	ILS Category III approach ( <i>appropriate DH</i> )	#
34	Non-precision approach (Type: )	V
35	2 <sup>nd</sup> non-precision approach (Type: )	W
36	Circling Approach ( <i>low visibility pattern</i> )	
<b>MISSED APPROACH PROCEDURES</b>		
37	Rejected landing at 50 feet AGL	V
38	From DH during ILS approach	IR
<b>LANDINGS</b>		
39	Normal VFR pattern and landing	V
40	Landing after ILS approach to DH	IR

41	Crosswind landing ( <i>in aircraft, if practical</i> )	V
42	Landing with engine inoperative	V
43	Short Field approach and landing	V
<b>NORMAL AND ABNORMAL SYSTEMS OPERATIONS</b>		
44	Engine ( <i>if necessary propeller</i> )	#
45	Pressurization and air conditioning	#
46	Pitot/static system	#
47	Fuel system	#
48	Electrical system	#
49	Hydraulic system	#
50	Flight control and trim system	#
51	Anti/-de-icing system, glare shield heating	#
52	Autopilot and flight director	#
53	Stall warning, stall avoidance and stability augmentation devices	#
54	GPWS, wx radar, radio altimeter, xponder	#
55	Radios, navigation equipment, instruments, flight management system	#
56	Landing gear and brake-system	#
57	Slat and flap system	#
58	Auxiliary power unit	#
<b>ABNORMAL AND EMERGENCY PROCEDURES</b>		
59	Fire Drills ( <i>e.g. Engine, APU, cabin, cargo compartment, flight deck and electrical fires including evacuation</i> )	#
60	Smoke control and removal	#
61	Engine failures, shutdown and restart	#
62	Fuel dumping	#
63	Wind shear at takeoff or landing	SIM; #
64	Cabin pressure failure and emergency descent	#
65	Landing with jammed horizontal stabilizer ( <i>in any out of trim system</i> )	SIM; #
66	Landing with two engines inoperative ( <i>3 and 4 engine a/c</i> )	#
67	Go-around with one engine inoperative at ILS-DH	#
68	Approach and landing with flap slat malfunction	SIM; #
<b>FLOAT PLANE ONLY PROCEDURES</b>		
69	Step Turns	
70	Plow Taxi	
71	Glassy Water Landings	
72	Sailing	
73	Docking	
<b>HELICOPTER ONLY PROCEDURES</b>		
74	Hovering in ground effect	
75	Hovering autorotation	
76	Autorotation	
77	Recovery from settling with power	
78	Pinnacle approach to touchdown	

**Completion Instructions:**

1. Insert in right column the evaluation of the applicant.  
P = Proficient;  
NT = Needs Training)
2. Other letters may be used in the right column to denote omission or action other than evaluation:  
W = Waived;  
NA = Not Applicable to particular check conducted

**Legend:**

The indications in superscript just prior to the right column indicate to the check pilot whether the maneuvers are applicable:

- P = PIC;  
B = Both PIC and SIC must accomplish;  
# = PIC and SIC can be credited for simultaneous performance,  
IR = Required on instrument check.  
SIM = Maneuver should not be performed in aircraft.  
H = Helicopter;  
W = Maneuver may be waived in accordance with FSI guidelines.