

**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. <input type="checkbox"/> TURBOJET AIRCRAFT          | 4. <input type="checkbox"/> FLIGHT ENGINEER                     | 7. <input type="checkbox"/> HELICOPTER IFR/VFR/DAY/NIGHT   |
| 2. <input type="checkbox"/> TURBOPROP AIRCRAFT         | 5. <input type="checkbox"/> 9 PAX OR 5700 kg: IFR/VFR/DAY/NIGHT | 8. <input type="checkbox"/> HELICOPTER TYPE - VFR DAY ONLY |
| 3. <input type="checkbox"/> RECIPROCATING OVER 5700 kg | 6. <input type="checkbox"/> 9 PAX OR 5700 kg: VFR DAY ONLY      | 9. <input type="checkbox"/> OTHERS (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 helicopter, positions and flight operations:*

- |   |                                   |  |  |
|---|-----------------------------------|--|--|
| 2. HELICOPTER (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 (Family, Middle, Given) |           | 2. PERMANENT ADDRESS (Street or PO Box Number) |          |                            |              |
| 3. TELEPHONE AND FAX            |           | 4. COUNTRY                                     | 5. CITY  | 6. STATE/DISTRICT/PROVINCE | 7. MAIL CODE |
| 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 helicopter, 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 - Helicopter | (a) Satisfactory | (b) IFR with SIC Authorized<br>(c) IFR, Autopilot, No SIC<br>(d) VFR only<br>(e) Needs further training as indicated. |
| 4. Re-Establish Landing Currency  | (a) Satisfactory | Helicopter Type & Variant:<br>(e) Needs further training as indicated.  |

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

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| 1 <input type="checkbox"/> CAAV-FSSD | 2 <input type="checkbox"/> APPROVED TRAINING ORGANIZ | 3 <input type="checkbox"/> FLIGHT EXAMINER | 4 <input type="checkbox"/> CHECK AIRMAN |
| 5. DATE                              | 6. TITLE   | 7. SIGNATURE                               |   |

**J. CAAV-FSSD CERTIFICATION:**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> ACCEPTABLE - NO FURTHER ACTION NECESSARY | 2 <input type="checkbox"/> RE-EXAMINATION REQUIRED. |
|---|---|

<b>PILOT:</b>		
<b>HELICOPTER:</b>		
<b>DATE:</b>		
<b>RESULTS:</b>		
<b>CHECK AIRMAN:</b>		
<b>PRE-FLIGHT PREPARATION AND PROCEDURES</b>		
1	Helicopter knowledge (e.g technical log, fuel, mass and balance, performance), flight planning, documentation, NOTAMS, weather	
2	Pre-flight inspection/action, location of parts and purpose	
3	Cockpit inspection	
4	Starting procedures, radio and navigation equipment checks, selection and setting of navigation and communication frequencies	
5	Taxiing/air taxiing in compliance with air traffic control instructions or with instructions of an instructor	
6	Pre-take-off procedure, ATC liaison- compliance, R/T procedure	
<b>TAKE-OFF</b>		
7	Take-offs (various profiles)	H
8	Sloping ground or crosswind take-off and	SIM
9	Take-off at maximum take-off mass (actual or simulated maximum take-off mass)	SIM
10	Take-off with simulated engine failure shortly before reaching TDP or DPATO (MEH only)	H
11	Take-off with simulated engine failure shortly after reaching TOP or DPATO (MEH only)	H
12	Take-off with simulated engine failure shortly before reaching EFATO (SEH only)	H
13	Take-off with simulated engine failure shortly after reaching EFATO (SEH only)	H
<b>FLIGHT MANOEUVRES AND PROCEDURES</b>		
14	Climbing and descending turns to specified	H
15	Turns with 30 bank, 180 to 360 left and right,	H
16	Autorotative descent	H
17	Autorotative landing (SEH only) or power recovery (MEH only)	H,SIM
18	Landings (various profiles )	H
19	Go-around or landing following simulated engine failure before LDP or DPBL (MEH only)	H
20	Landing following simulated engine failure after LDP or DPBL (MEH only)	H
21	ATC liaison - Compliance, R/T procedures	
<b>NORMAL AND ABNORMAL OPERATIONS</b> (a mandatory minimum of 3 items shall be selected from this section for proficiency check)		
22	Engines	#
23	Air conditioning (heating, ventilation)	#
24	Pitot / Static system	#
25	Fuel system	SIM; #
26	Electrical system	#
27	Hydraulic system	SIM; #
28	Flight control and Trim system	SIM; #
29	Anti-icing and de-icing system	SIM
30	Autopilot / Flight director	#
31	Stability augmentation devices	#
32	Weather radar, radio altimeter, transponder	
33	TCAS,GPWS or EVS	SIM; #
34	Landing gear system	SIM; #

35	Auxiliary power unit	#
36	Radio, navigation equipment, instrument flight management system	#
<b>ABNORMAL AND EMERGENCY</b> (a mandatory minimum of 3 items shall be selected from this section for proficiency check)		
37	Fire drills (including evacuation if applicable)	#
38	Smoke control and removal	SIM; #
39	Engine failures, shutdown and restart at a safe height	SIM; #
40	Total loss of both engines	SIM; #
41	Fuel dumping (simulated)	#
42	Tail rotor control failure (if applicable)	#
43	Tail rotor loss (if applicable)	SIM; #
44	Incapacitation of crew member - MPH only	
45	Transmission malfunctions	SIM; #
46	Other emergencies procedures as outlined in the appropriate Aircraft Right Manual (AFM)	#
<b>INSTRUMENT FLIGHT PROCEDURES</b> (to be performed in IMC or simulated IMC)		
47	Instrument take-off: transition to instrument flight is required as soon as possible after becoming airborne	H
48	Simulated engine failure during departure	H
49	Adherence to departure and arrival routes and ATC instruction	
50	Holding procedures	
51	3D operations to DH/A of 200 feet (60m) or to higher minima if required by the approach procedure	H
52	Manually, without flight director. Note: According to the AFM, RNP APCH procedures may require the use of autopilot or Flight Director. The procedure to be down manually shall be chosen taken into account such limitation (example choose an ILS for 52 in case of such AFM limitation)	H
53	Manually, with Flight Director	H
54	With coupled autopilot	
55	Manually, with one engine simulated inoperative; engine failure has to be simulated during final approach before passing 1000 feet above aerodrome level until touchdown or until completion of the missed approach procedure	H,SIM
56	2D operations down to the minimum descent	H
57	Go-around with all engines operating on reaching DA/DH or MDA/MDH	
58	Other missed approach procedures	H
59	Go-around with one engine simulated inoperative on reaching DA/DH or MDA/MDH	H
60	IMC autorotation with power recovery	SIM
61	Recovery from unusual attitudes	H
<b>USE OF OPTIONAL EQUIPMENT</b>		
62	Use of Optional Equipment	

<b>Result</b>	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	<input type="checkbox"/> Partial Passed
<b>Failed item:</b>	<b>Descriptions:</b>		
<b>Details of the failed or partial passed test:</b>			
<b>Remarks:</b>			
<b>Date and place</b>	<b>Signature of Applicant</b>	<b>Signature of Examiner</b>	

## A) Legend

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

**B = Both Captain and Co-pilot must accomplish**

**# = Captain and Co-pilot can be credited for simultaneous performance**

**IR = Required on instrument check**

**SIM = Maneuver should not be performed in Helicopter**

**W = Maneuver may be waived in accordance with FSI guidelines**

**H= Helicopter**

## B) Completion Instructions

1. The Skill Test Standard for ATPL/Type Rating (H) is referred to AC 07-014.

2. Insert in rightmost column the evaluation of the applicant.

**P = Proficient;**

**NT = Needs Training.**

**W = Waived;**

**NA = Not Applicable to particular check conducted**

3. If N/A or Waivers (W): The justifications are needed under “remarks” of page 3.

4. The actual accomplishment of the required AREAS of OPERATION or TASK in those operations may be waived at the examiner’s discretion when the applicant holds another helicopter category, class or type rating in which:

a) Those tasks were accomplished; and

b) There are no obvious skill differences for the accomplishment of those tasks between the class ratings.

5. An applicant shall pass all applicable AREAS of OPERATION. If, in the judgment of the examiner, the applicant does not meet the standards of performance of any TASK performed, the associated AREAS of OPERATION is failed and therefore, the skill test is failed.

6. Any maneuvers or procedure of the test may be repeated once by the applicant. The examiner or applicant may discontinue the skill test at any time when the failure of an AREA of OPERATION makes the applicant ineligible for the certificate or rating sought.

7. Should the applicant choose to terminate a skill test for reasons considered inadequate by the examiner, the applicant shall retake the entire skill test. If the test is terminated for reasons considered adequate by the examiner, only those AREAS of OPERATION OR TASK not completed shall be tested in a further flight.

8. Failure in any AREA of OPERATION of the re-test, including those AREAS of OPERATION that have been passed on a previous attempt, will require the applicant to take the entire test again. All AREAS of OPERATION of the skill test shall be completed within 60 days. Further training may be required following any one failed skill test. Failure to achieve a pass in all AREAS of OPERATION of the test in two attempts will require further training as determined by the CAAV. There is no limit to the number of skill tests that may be attempted.

9. Typical areas of unsatisfactory performance and grounds for disqualification are:

a) Any action or lack of action by the applicant that requires corrective intervention by the examiner to maintain safe flight.

b) Failure to use proper and effective visual scanning techniques to clear the area before and while performing maneuvers.

c) Consistently exceeding tolerances stated in the skill test TASK Objectives.

d) Failure to take prompt corrective action when tolerances are exceeded.

10. An applicant shall be required to fly the helicopter from a position where the pilot-in command functions can

be performed and carry out the skill test as if there is no other crew member. Responsibility for the flight shall be allocated in accordance with Vietnam aviation regulations. The route to be flown for the navigation test shall be chosen by the examiner. The route may end at the aerodrome of departure or at another aerodrome. The applicant shall be responsible for the flight planning and shall ensure that all equipment and documentation for the execution of the flight are on board.

11. An applicant shall indicate to the examiner the checks and duties carried out, including the identification of radio facilities. Checks shall be completed in accordance with the authorised check list for the helicopter which the test is being taken. During pre-flight preparation for the test the applicant is required to determine power settings and speeds. Performance data for take-off, approach and landing shall be calculated by the applicant in compliance with the operations manual or flight manual for the helicopter used.

12. The examiner will take no part in the operation of the helicopter except where intervention is necessary in the interests of safety or to avoid unacceptable delay to other traffic.

### **C) Flight Test Tolerance**

1. The area and route to be flown shall be chosen by the examiner and all low level and hover work shall be at an approved aerodrome/site. Routes used for section 3 may end at the aerodrome of departure or at another aerodrome and one destination shall be a controlled aerodrome. The proficiency check may be conducted in 2 flights. The total duration of the flight(s) shall be at least 90 minutes.

2. The applicant shall demonstrate the ability to:

- a) Operate the helicopter within its limitations;
- b) Complete all maneuvers with smoothness and accuracy;
- c) Exercise good judgement and airmanship;
- d) Apply aeronautical knowledge; and
- e) Maintain control of the helicopter at all times in such a manner that the successful outcome of a procedure or maneuver is never seriously in doubt.

3. The following limits are for general guidance. The examiner shall make allowance for turbulence conditions and the handling qualities and performance of the type of helicopter used.

<b>Altitude</b>	
Normal Flight	± 100 ft
With simulated major emergency	± 100 ft
Hovering IGE	± 2 ft
Limited or partial panel	± 200 ft
Starting go-around at decision alt/ht	+ 50 ft / - 0 ft
Minimum descent altitude / height	+ 50ft/- 0 ft
<i>'Not below' minima (from FAF altitude down to MDA/H)</i>	- 0 ft
<i>Circling minima</i>	+ 100ft/ - 0 ft
<b>Tracking</b>	
At all times when using a single-needle display	± 5'
At all times when using a deviation bar display	Half Scale Deflection Azimuth and Flight Path (Precision Approach)

DME arcing	± 1 nm
<b>Heading</b>	
Normal flight	± 5'
With simulated major emergency	± 10'
<i>Limited or Partial panel</i>	± 15'
<b>Speed</b>	
Take-off and approach	
Take-off and approach mult -engine	± 5kt
All other flight regimes	± 10kt
<i>Limited or Partial Panel</i>	± 10kt
With simulated engine failure	+ 10/ - 5 kt
<b>Ground drift</b>	
TO hover IGE	± 3ft
Landing	± 2ft
	0 ft rearward or lateral flight