

# APPLICATION FOR COMMERCIAL AIR TRANSPORT FLIGHT PROFICIENCY CHECK (FE)

## 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"/> 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"/> 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 |
|                                   |                  | (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>FLIGHT ENGINEER:</b>		
<b>HELICOPTER:</b>		
<b>DATE:</b>		
<b>RESULTS:</b>		
<b>CHECK AIRMAN:</b>		
<b>ORAL (OR WRITTEN) EXAMINATION</b>		
1	Memory Action Items	
2	Aircraft Performance & Limitations	
3	Aircraft Systems	
4	Operation Specification & Operation Manuals	
5	FLM, MEL, SOP	
6	Completion of the Aircraft Tech Log	
7	Applicable Regulations and Schedules	
<b>PREFLIGHT PREPARATION</b>		
8	Preflight Inspection Procedure	H
9	Exterior Preflight Inspection	H
10	Interior Preflight Inspection	H
11	Cockpit Preflight Inspection & Setup	
12	Operation Status of the Helicopter	
13	Checked Items	
14	Maintenance Records	H
15	Coordinates with Ground Technicians	H
16	Approved Checklist	
<b>APU START</b>		
17	APU Start Procedure Use of External Power Source	
18	APU Start Procedure Use of Aircraft Batteries	
19	Normal Starting Limitations	
20	Abnormal Starting Limitations	
21	Proper Action in the Event of Malfunction	
22	Use of Marshalling Signal with Ground Technician	H
23	Perform Checklist Items	
24	Operating Practice Judgment	
<b>TV3-117VM START</b>		
25	Engine Start Procedure Use of Ext. Power Source	
26	Engine Start Procedure Use of Aircraft Batteries	
27	Normal Starting Limitations	
28	Abnormal Starting Limitations	
29	Proper Action in the Event of Malfunction	
30	Use of Marshalling Signal with Ground Technician	H
31	Perform Checklist Items	
32	Operating Practice Judgment	
<b>TAXI &amp; PRE-TAKEOFF</b>		
33	Taxi & Pre-takeoff Procedures	
34	Perform Checklist Items	
35	Normal Operating Range of All Systems	
36	Normal & Abnormal System Operation	
37	Aircraft Takeoff Performance	
38	Determine "Go & No Go"	SIM
39	Abnormal & Emergency Situations During Takeoff and Corrective Actions	SIM
<b>TAKEOFF</b>		
40	Normal Takeoff Procedure	
41	Takeoff Performance	
42	Powerplant Control Parameters	
43	Approved Checklist	

<b>INFLIGHT</b>		
44	Normal Operating Parameters of All Systems	
45	Normal & Abnormal System Operation	
46	Properly Using Aircraft Systems	
<b>APPROACH &amp; LANDING</b>		
47	Approach & Landing Procedures	
48	Approach & Landing Performance	
49	Powerplant Control Parameters	
50	Approved Checklist	
<b>AFTER LANDING</b>		
51	After-Landing Procedure	
52	Approved Checklist	
<b>SHUTDOWN</b>		
53	Shutdown Procedure	
54	Approved Checklist	
<b>NORMAL AND ABNORMAL SYSTEMS OPERATIONS</b>		
55	Powerplant	SIM
56	Pitot/Static System	SIM
57	Fuel System	SIM
58	Electrical System	SIM
59	Hydraulic System	SIM
60	Fire Protection System	SIM
61	Autopilot System	SIM
62	Nav & Avionics Systems	
63	Pneumatic System	SIM
64	Auxiliary Power Unit	SIM
65	Emergency System	SIM
<b>USE OF OPTIONAL EQUIPMENT</b>		
66	Fire Drills (e.g Engine, APU, cabin, cargo compartment, flight deck and electrical fires including evacuation)	SIM
67	APU failures, shutdown and restart	SIM
68	Engine failures, shutdown and restart	SIM

## 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.