SKILL TEST EXAMINER REQUEST

CHECKLIST TO REQUEST FOR AN EXAMINER FOR THE FLIGHT TEST

Name of the Applicant : Date :

Aeroplane



Helicopter



PPL



CPL



ATPL



Revalidation 

Renewal



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Remarks** | **Office Use** |
| Online system Application filled |  |  | Ref No: |  |
| Printed Application Form |  |  |  |  |
| Medical certificate - Copy |  |  |  |  |
| Copies of the log book (RelevantPages) |  |  |  |  |
| Class / Type Rating Validity Date (for Revalidation and Renewal only) |  |  | Rating : Valid till:(Date) |  |
| Examiner Request Letter |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate

/ documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

…………………………………………. (Applicant’s Signature)

The Application and documents received on and payment made.

Payment Receipt number …………………..

………………………………….. (Receiving Officer’s signature)