



REPUBLIC OF LATVIA
CIVIL AVIATION AGENCY

Airport "Riga", Biroju iela 10, Mārupes novads, LV-1053, Latvia,
Phone (+371) 67 830936, e-mail: caa@caa.gov.lv

CAA approval No.: _____

APPLICATION AND REPORT FORM (According to AMC5 FCL.935(a)) FOR INSTRUCTOR ASSESSMENT OF COMPETENCE				
1. Applicants personal particulars:				
Applicant's last name(s):		First name(s):		
Date of birth:		Tel. (home):		
		Tel. (work):		
Address:		Country:		
2. Licence details				
Licence type:		Number:		
Class ratings included in the licence:		Exp. Date:		
Type ratings included in the licence:	1.			
	2.			
	3.			
	4.			
	5.			
Other ratings included in the licence:	1.			
	2.			
	3.			
	4.			
	5.			
3. Pre-course flying experience				
Total flying hours	PIC SEP or TMG hours	SEP preceding 6 months	Instrument flight instruction	Cross-country hours
4. Pre-entry flight test				
<i>I recommend for the FI course.</i>				
Name of ATO:		Date of flight test:		
Name(s) of FI conducting the test (capital letters):				
Licence number:				
Signature:				

5. Declaration by the applicant			
<i>I have received a course of training in accordance with the syllabus for the: (tick as applicable)</i>			
FI certificate FI(A)/(H)/(As)		IRI certificate IRI(A)/(H)/(As)	CRI certificate CRI(A)
Applicant's name(s) (capital letters):		Signature:	
6. Declaration by the CFI			
<i>I certify that has satisfactorily completed an approved course of training for the</i>			
FI certificate FI(A)/(H)/(As)		IRI certificate IRI(A)/(H)/(As)	CRI certificate CRI(A)
<i>in accordance with the relevant syllabus.</i>			
Flying hours during the course:			
Aircraft of FSTD used:			
Name(s) of CFI:			
Signature:			
Name of ATO:			
7. Flight instructor examiner's certificate			
<i>I have tested the applicant according to Part-FCL</i>			
A. FLIGHT INSTRUCTOR EXAMINER'S ASSESSMENT (in case of partial pass):			
Theoretical oral examination:		Skill test:	
Passed	Failed	Passed	Failed
<i>I recommend further flight or ground training with and instructor before re-test</i>			
<i>I do not consider further flight or theoretical instruction necessary before re-test (tick as applicable).</i>			
B. FLIGHT INSTRUCTOR EXAMINER'S ASSESSMENT:			
FI certificate			
IRI certificate			
CRI certificate (tick as applicable)			
Name(s) of FIE (capital letters):			
Signature:			
Licence number:		Date:	

Applicant's name(s): _____

The assessment of instructors should be made against the following performance standards (according to AMC1 FCL.920 (b)):

Competence	Passed	Failed
Prepare resources	<input type="checkbox"/>	<input type="checkbox"/>
Create a climate conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>
Present knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Integrate TEM and CRM	<input type="checkbox"/>	<input type="checkbox"/>
Manage time to achieve training objectives	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate learning	<input type="checkbox"/>	<input type="checkbox"/>
Assesses trainee performance	<input type="checkbox"/>	<input type="checkbox"/>
Monitor and review progress	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate training sessions	<input type="checkbox"/>	<input type="checkbox"/>
Report outcome	<input type="checkbox"/>	<input type="checkbox"/>

Assessment of Competence (according to FCL.935):

SECTION 1 THEORETICAL KNOWLEDGE ORAL		Passed	Failed
1.1.	Air law	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	Aircraft general knowledge	<input type="checkbox"/>	<input type="checkbox"/>
1.3.	Flight performance and planning	<input type="checkbox"/>	<input type="checkbox"/>
1.4.	Human performance and limitations	<input type="checkbox"/>	<input type="checkbox"/>
1.5.	Meteorology	<input type="checkbox"/>	<input type="checkbox"/>
1.6.	Navigation	<input type="checkbox"/>	<input type="checkbox"/>
1.7.	Operational procedures	<input type="checkbox"/>	<input type="checkbox"/>
1.8.	Principles of flight	<input type="checkbox"/>	<input type="checkbox"/>
1.9.	Training administration	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 PRE-FLIGHT BRIEFING		Passed	Failed
2.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's first, last name(s): _____

SECTION 3 FLIGHT		Passed	Failed
3.1.	Arrangement of demo	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	Synchronisation of speech with demo	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	Correction of faults	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	Aircraft handling	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	General airmanship and safety	<input type="checkbox"/>	<input type="checkbox"/>
3.7.	Positioning and use of airspace	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 ME EXERCISES		Passed	Failed
4.1.	Actions following an engine failure shortly after take-off	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	SE approach and go-around	<input type="checkbox"/>	<input type="checkbox"/>
4.3.	SE approach and landing	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 5 POST-FLIGHT DE-BRIEFING		Passed	Failed
5.1.	Visual presentation	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	Technical accuracy	<input type="checkbox"/>	<input type="checkbox"/>
5.3.	Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>
5.5.	Instructional technique	<input type="checkbox"/>	<input type="checkbox"/>
5.6.	Use of models and aids	<input type="checkbox"/>	<input type="checkbox"/>
5.7.	Student participation	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETED BY EXAMINER		
FCL.1030(a)(1) I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FCL.1030(b)(3) I have provided the applicant with a signed report of the assessment of competence	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have record the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:		

<i>Examiner's Name, Surname / Date / Signature</i>		

COMPLETED BY APPLICANT
I confirm that I understand and agree with all the above mentioned information and have no objections.
In the event of a partial pass or fail: I agree <input type="checkbox"/> / disagree <input type="checkbox"/> / N/A <input type="checkbox"/> for re-examination with the same examiner

<i>Applicant's Name, Surname / Date / Signature</i>

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