



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

ATPL(A) Skill Test Application and Examiner Designation Form

GENERAL INFORMATION			
Applicant's Name:		Surname:	
Pilot licence No:		Operator:	
A/C Type :		Phone:	
E-mail:		Skill Test date:	
Proposed SFE/TRE:		Certificate No:	
<small>/Name, Surname</small>			
EXPERIENCE REPORT FOR INITIAL ATPL ISSUE			
1. Applicant Age (FCL.500)	years	_____	min 21
2. JAA CPL licence or ICAO CPL/ATPL (FCL.510.(A)(a))	valid until:	_____	
3. IR(A) (<i>If applicable</i>) (FCL.510.(A)(a))	valid until:	_____	
4. MCC course (FCL.510.(A)(a))	passed:	_____	
5. Medical class 1 (MED.A.030 (f))	valid until:	_____	
6. Theoretical examination ATPL (FCL.515)	passed:	_____	
7. Flight experience (FCL.510.A (b))	hours:	_____	min 1500 hr
of which FNPT and FS (FCL.510.A)	FS hours:	_____	max 100 hr
of which FNPT(FCL.510.A)	FNPT hours:	_____	
including at least: (FCL.510.A (b))			
a) MPA experience on JAR 25/23 aeroplanes	hours:	_____	min 500
b) PICUS	hours:	_____	min 500
or PIC	hours:	_____	min 250
or PICUS and PIC	PICUS hours:	_____	min 180
	PIC hours:	_____	min 70
c) cross country experience	hours:	_____	min 200
of which PIC or PICUS	hours:	_____	min 100
d) instrument time	hours:	_____	min 75
of which instrument ground time	hours:	_____	max 30
e) night flight time as PIC or co-pilot	hours:	_____	min 100
DECLARATION OF THE APPLICANT			
<p>By this I certify that the above statements are correct and as required to conduct Skill Test for ATPL issue; I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State (AMC1 ARA.GEN.315(b)(3);</p> <p>I acknowledge that any incorrect information provided can disqualify me from being granted a personnel licence, certificate, rating, authorisation or attestation; or if already issued - limit, suspend or revoke (ARA.FCL.250a1)).</p>			
Applicant's signature:		Date:	

Continue Page 2:

This completed form must be forwarded at least 5 working days prior to proposed ATPL Skill Test to e-mail: Armands.Ozolins@caa.gov.lv

Within 5 working days the CAA of Latvia will designate examiner and send confirmation to the e-mail of the Applicant.

Skill Test may be performed only after approval by the CAA!

To receive ATP licence the Applicant shall submit to the CAA of Latvia following documents:

- Passport copy;
- Current Pilot Licence copy;
- Class 1 Medical Certificate copy;
- ATPL Theoretical Knowledge Examination Results;
- Filled in ATPL Skill Test form signed by examiner;
- A copy of the relevant logbook pages (flight experience & STD pages);
- Application Form to receive ATPL;
- English Language Proficiency Certificate copy;
- MCC course completion certificate copy.

FOR CAA OFFICIAL USE ONLY

Test permission No.:	
Date of the test:	
Designated Examiner:	
Contact details of Examiner	
Accepted by CAA inspector	