

REPORT FORM ON COMBINED OPC/PC
For the purpose of revalidation of a type rating in accordance with FCL.740.A and H
A. Details of the applicant

Date of birth	Licence number
First name(s)	Last Name

B. Details on Proficiency Check (OPC/PC)

Registered Name of AOC holder with which OPC/PC was performed		
AOC Approved by the Civil Aviation Authority of (name of state)		
Date of OPC/PC	Aircraft type	Performed as <input type="checkbox"/> PIC <input type="checkbox"/> Co-pilot
OPC/PC was performed <input type="checkbox"/> Aircraft <input type="checkbox"/> Simulator <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> CAT II/III <input type="checkbox"/> Initial PBN license entry (BSL 14254 attached to this form)		

C. To be completed by examiner

I, undersigned authorised examiner, hereby declare that I have conducted a combined Operators Proficiency Check / Licence Proficiency Check with the above mentioned licence holder, and acknowledge that the licence holder within the last 12 months has been checked in the mandatory items according to Part-FCL appendix 9 with the following result			
<input type="checkbox"/> Pass <input type="checkbox"/> Fail or Partial pass (form L1648 must be completed to indicate unsatisfactory items)			
I have entered the following details in the applicant's licence:			
Rating	Date of test	Valid until	IR valid until
Rating	Date of test	Valid until	IR valid until
Rating	Date of test	Valid until	IR valid until
<input type="checkbox"/> I have not endorsed the licence			
Name of examiner		Examiner certificate number	
Place	Date	Signature of examiner	

Send to: certifikat.w3d3@transportstyrelsen.se in pdf-format or to
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