

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

Details on Proficiency Check (OPC/PC)
B.

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	

Personal data stated in relation to the application will be handled in accordance with the Personal Data Act. For more information, visit the Swedish Transport Agency's web site.

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