

INSTRUCTOR

APPLICATION AND REPORT FORM FOR THE INSTRUCTOR
ASSESSMENT OF COMPETENCE ACCORDING TO PART FCL
SUBPART J AND AMC FCL.935 TO COMMISSION
REGULATION (EU) NO 1178/2011 OF 3 NOVEMBER 2011

**A.
To be
completed
by the
examiner**

<input type="checkbox"/> Initial issue <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Extension of privileges	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter	
Flight Instructor(FI) <input type="checkbox"/> Instrument <input type="checkbox"/> Single engine <input type="checkbox"/> Multi engine <input type="checkbox"/> Instructor	Instrument rating instructor (IRI) <input type="checkbox"/> Single engine <input type="checkbox"/> Multi engine	Class rating instructor(CRI) <input type="checkbox"/> Single engine <input type="checkbox"/> Multi engine

B.

Date of AoC
Type/class of aircraft

**C.
To be
completed
by the
applicant**

Date of birth (yyyy-mm-dd)		State of licence issue		Licence no	
Last name			First and middle names		
Street or box			Country		Telephone
Postal code and city			E-mail address		
Place		Date	Signature of applicant		
FI or IRI renewal / revalidation: <input type="checkbox"/> Instructor refresher seminar attended (Certificate must be attached)					
Flight time Total		Flight time IFR		Instructor flight time	
				FSTD	
Flight time SEPL		Flight time ME		Flight time as PIC	
				Holds the following instructor rating/s	
Flight time Instrument		Flight time cross country		Flight time TMG	

**D.
To be
completed
by ATO**

TRAINING COMPLETED AND APPLICATION APPROVED

Name / number of ATO			Signature of Head of Training		
Date			Name in block letters		
Practical training during course					
Total Flight time		Dual flight	Solo flight	Complex aircraft	Time in FSTD

RESULT OF THE TEST

**E.
To be
completed
by the
examiner**

Final result	<input type="checkbox"/> Passed	If section 1 is failed: <input type="checkbox"/> Partial pass	Any item in section 2 - 7 failed <input type="checkbox"/> Failed
<input type="checkbox"/> Temporary certificate issued		<input type="checkbox"/> Temporary certificate not issued	
Place and date:			Stamp
Signature of examiner:			
Examiners certificate no.			

Handlingarna kan skannas som Pdf-fil och mejlas till: certifikat.w3d3@transportstyrelsen.se eller skickas till: Transportstyrelsen, SE-601 73 Norrköping
Webbsida: www.transportstyrelsen.se

F.a

BEFORE TEST	
<p>Valid medical certificate <input type="checkbox"/> class 1 <input type="checkbox"/> class 2</p> <p>Valid Radio telephonist certificate class <input type="checkbox"/> Swedish <input type="checkbox"/> English</p> <p><input type="checkbox"/> Valid Licence</p> <p>If PPL; <input type="checkbox"/> valid CPL/ATPL-theory (except for instructor who seeks FI privileges for LAPL(A) only)</p> <p><input type="checkbox"/> Valid Language Proficiency</p> <p><input type="checkbox"/> Meets experience requirements for relevant instructor rating.</p> <p><input type="checkbox"/> Night qualification</p> <p><input type="checkbox"/> Valid SEPL <input type="checkbox"/> Valid MEPL</p> <p><input type="checkbox"/> A cross country VFR flight as PIC of at least 300 Nm, with full stop landings at two different airports (for FI(A))</p>	<p><input type="checkbox"/> Pre-entry flight test performed (initial issue of FI)</p> <p><input type="checkbox"/> Valid type rating MESP (If pertinent)</p> <p><input type="checkbox"/> Valid Instrument rating</p> <p><input type="checkbox"/> Valid FI</p> <p><input type="checkbox"/> Personal identification card</p> <hr/> <p>Revalidaton/Renewal</p> <p><input type="checkbox"/> FI or IRI refresher seminar attended (Certificate attached)</p> <hr/> <p>All prerequisites checked and confirmed</p> <p>..... (examiner)</p>

F.b

Test lecture, subject	
Flight Lesson 1	
Flight Lesson 2 (if pertinent)	

G.

SECTION 1 THEORETICAL KNOWLEDGE ORAL		Instructors initials when training completed	Pass	Fail
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"/>
		Examiners initials when test section completed		

Name of applicant.....	Licence no.....
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SECTION 2 PRE-FLIGHT BRIEFING		Instructors initials when training completed	Pass	Fail
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"/>
		Examiners initials when test section completed		

SECTION 3 FLIGHT		Instructors initials when training completed	Pass	Fail
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/safety		<input type="checkbox"/>	<input type="checkbox"/>
3.7	Positioning, use of airspace		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section completed		

Name of applicant.....	Licence no.....
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SECTION 4 ME EXERCISES		Instructors initials when training completed	Pass	Fail
¹) These exercises are to be demonstrated at the assessment of competence for FI (or TRI for helicopter) for ME aircraft.				
4.1	Actions following an engine failure shortly after take-off ¹		<input type="checkbox"/>	<input type="checkbox"/>
4.2	A single-engine approach and go around ¹		<input type="checkbox"/>	<input type="checkbox"/>
4.3	A single-engine approach and landing ¹		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section completed		

SECTION 5 POST-FLIGHT DE-BRIEFING		Instructors initials when training completed	Pass	Fail
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"/>
		Examiners initials when test section completed		

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H.

FLIGHT DETAILS		
Aeroplane/helicopter registration	Block on/Rotor standing	On ground
Departure aerodrome	Block off/Rotor running	Take-off
Destination aerodrome	Total block	Total
Aeroplane/helicopter type/variant	PIC	

I.**REMARKS**

Item no	comment
Debriefing/taken part of the comments above	Date
	Signature of applicant

J.

Additional information

Name of applicant.....	Licence no.....
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Instructions for completing form

L 1675 INSTRUCTOR,

- A.** Please tick the appropriate boxes. Do note that if an AoC is done with the sole purpose of extending the privileges to another type/class, where the applicant does not meet the experience requirements, you shall just tick “extension” and describe this purpose under point J “additional information”.
- B.** Please enter the complete information.
- C.** Personal information of the applicant
- D.** This section is to be completed by the Head of Training of the ATO
- E.** The result of the test.
Failure in any exercise in section 2, 3 and 4 requires a complete re-test covering all exercises, including section 1. Section 1, if failed, may be retaken separately.
- F.a** This section is a checklist of prerequisites for the examiner to check before the test/check. Text within brackets () refers to the rating applied for. **Please note that the examiner must sign and thus affirm that he has checked all prerequisites before the test.**
- F.b.** Enter the subject of the test lecture and the flight exercises conducted.
- G.** Protocol.
- H.** Details of the flight.
- I.** Comments regarding tested items, please indicate the item commented.
- J.** Any additional information regarding the conditions during test, simulators etc.

Name of applicant.....	Licence no.....
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