

MPL (A)
MULTI-CREW PILOT LICENCE (AEROPLANE)
appendix to ATPL(A) Type-Rating Multi-Pilot (A)

APPLICATION AND REPORT FORM FOR THE MPL(A) SKILL TEST ACCORDING TO
APPENDIX 9 TO COMMISSIONREGULATION (EU) NO 1178/2011 OF 3 NOVEMBER 2011

Just print Name and License number on ATPL (A) Type-Rating Multi-Pilot form TSL7077 pages.

**To be
completed
by applicant**

Date of birth (yyyy-mm-dd)	State of issue	License number
First name	Last name	
Street address or P O Box		
Postal code and city	Country	
Telephone daytime	E-mail address	
Place, date and signature of applicant		
Non-Swedish citizens only!		
<input type="checkbox"/> Records from the registry of suspicion and previous convictions in English in original from the police authority in the country where the applicant holds citizenship. Ref. to the regulations in Aviation Act 11 § LFS 2008:32.		

I och med undertecknandet av denna ansökan överläter den sökande till Transportstyrelsen att för dennes räkning begära utdrag ur Rikspolisstyrelsens misstanke och belastningsregister med referens till bestämmelserna i 11 § LFS 2008:32.

**To be
completed
by ATO**

Summary of training, training completed and application approved		
Total training time	Total Aircraft time	Total FNPT or FFS time
Aircraft dual time	Aircraft PIC time	Aircraft cross country
Aircraft night flying	Aircraft instrument time	Aircraft upset recovery training time
FSTD pilot flying	FSTD pilot not flying	
The applicant for the MPL(A) have satisfactorily demonstrated performance in all the 9 competency units specified in APPENDIX 5 TO COMMISSIONREGULATION (EU) NO 1178/2011 OF 3 NOVEMBER 2011		date
Aircraft Type (License endorsement)		
Name and number of AOC operator		
Name of ATO		
Signature of Head of Training		Name in block letters

To be completed by examiner

Before MPL Skill Test (Skip Section F. in form TSL7077)	
<input type="checkbox"/> Student permit or valid license (if applicable) <input type="checkbox"/> Technical type course performed <input type="checkbox"/> ATPL theory written test passed <input type="checkbox"/> Valid Medical class 1 <input type="checkbox"/> Valid Language Proficiency ENG <input type="checkbox"/> Personal Identification Card <input type="checkbox"/> Radiotelephone privileges (Tick \checkmark N/A below)	<p>I hereby declare that I have read the information according to FCL.1015 c, and checked all prerequisites for this test.</p> <p>..... (examiner signature)</p>

Result of MPL Skill Test			
	If all sections are passed If 1-5 items are failed If 6 or more items are failed	Final Result: Passed Final Result: Partial Pass Final Result: Failed	
Final result:	<input type="checkbox"/> Passed	<input type="checkbox"/> Partial Passed	<input type="checkbox"/> Failed
RT-examination passed, class	<input type="checkbox"/> English	<input type="checkbox"/> Swedish	<input type="checkbox"/> N/A
Place and date: Examiner's certificate number: Examiner signature: Examiner name in block letters:			
		Stamp	

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