

APPLICATION AND REPORT FORM FOR THE BPL SKILL TEST AND PROFICIENCY CHECK ACCORDING TO AMC1 BFCL.145 AND AMC1 BFCL.410(B)(3) IN ANNEX I TO EC DECISION 2020/003/R.

## A. To be completed by the applicant

I hereby apply for the issue of the following, in accordance with Annex III (Part-BFCL) to Regulation (EU) 2018/395:	
<input type="checkbox"/> Balloon pilot licence(BPL)	<input type="checkbox"/> Commercial operation rating
I hereby report the following, in accordance with Annex III (Part-BFCL) to Regulation (EU) 2018/395:	
<input type="checkbox"/> Proficiency check (BPL-recency)	<input type="checkbox"/> Proficiency-check (commercial operation rating)

## B. To be completed by the applicant

Last name	
First and middle names	Date of birth(yyyy-mm-dd)
Street or box	
Postal code	Country
Telephone number	E-mail address
<b>Licence details, if applicable:</b>	
Licence number	

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.

## Class extension(s)

Hot-air balloons/Groups					
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> Gas balloons	<input type="checkbox"/> Hot-air airships
Place		Date			
Signature of applicant					

## C.

<input type="checkbox"/> Applicant verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315 (c) (See instructions, page 7)
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## D. Result of the test or check to be completed by the examiner

Skill test/proficiency check details (including information on oral theoretical knowledge examination, where applicable)		
<input type="checkbox"/> Passed	<input type="checkbox"/> Partially passed	<input type="checkbox"/> Failed
Remarks, reason and details in case of fail or partial pass/other remarks as necessary		

## Details of the skill test/proficiency check flight

Date	Class/group of balloon	Registration	
Take-off site	Take-off time	Landing time	Flight time
<b>Total flight time</b>			

## Examiner's declarations and details

<p>I, the undersigning examiner:</p> <ul style="list-style-type: none"> <li>- have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part-BFCL) to Regulation (EU) 2018/395;</li> <li>- confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail or partial pass; and</li> <li>- where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate.</li> </ul>	
Examiner's certificate number	Examiner's BPL number
Examiner's name (capital letters)	Date and examiner's signature

The documents shall be scanned as a PDF-file and sent by e-mail to: [certifikat.w3d3@transportstyrelsen.se](mailto:certifikat.w3d3@transportstyrelsen.se)  
or by mail to: Transportstyrelsen 601 73, Norrköping

## E. To be completed by the Training organisation

Training completed and application approved	
Name of training organisation	Signature Head of training or responsible for training
Date	Name in block letters

## Practical training during course

<input type="checkbox"/> At least 16 hours of flight instruction in either hot-air balloons that represent group A of that class or gas balloons, including at least					
<input type="checkbox"/> At least 10 inflations and 20 take-offs and landings; and					
<input type="checkbox"/> At least 12 hours of dual flight instruction					
<input type="checkbox"/> At least one supervised solo flight with a flight time of at least 30 minutes.					
Flight time	Dual flight time	Solo flight time	Number of flights	Number of solo flights	XC flight
Examiner's certificate number			Signature of examiner		

## F.

Before Test	
<input type="checkbox"/> Personal identification card <input type="checkbox"/> Valid medical certificate <input type="checkbox"/> BPL written test passed, BPL theoretical examination certificate must be attached to this skilltest form Radio telephonist certificate <input type="checkbox"/> Swedish <input type="checkbox"/> English	<input type="checkbox"/> In case of non-Swedish examiner, the following attachments are required; The examiners certificate documents including copy of the license.
<input type="checkbox"/> Valid language proficiency (Not mandatory)	Sign (examiner)

**G.**

<b>SECTION 1: PRE-FLIGHT OPERATION, INFLATION AND TAKE-OFF</b>		Instructors initials when training completed	Pass	Fail
Use of checklist, airmanship control of balloon by external visual reference, look-out procedures, etc. apply in all sections.				
1.a	Pre-flight documentation (licence, medical certificate, permits to take off, insurance certificate, aeronautical charts, AFM, logbook, technical logbook, checklists, etc.), flight planning, NOTAM(s) and weather briefing		<input type="checkbox"/>	<input type="checkbox"/>
1.b	Balloon inspection and servicing		<input type="checkbox"/>	<input type="checkbox"/>
1.c	Suitability of launch site		<input type="checkbox"/>	<input type="checkbox"/>
1.d	Load calculation		<input type="checkbox"/>	<input type="checkbox"/>
1.e	Crowd control, crew and passenger briefings		<input type="checkbox"/>	<input type="checkbox"/>
1.f	Assembly and layout		<input type="checkbox"/>	<input type="checkbox"/>
1.g	Inflation and pre-take-off procedures (including passenger involvement and briefing)*		<input type="checkbox"/>	<input type="checkbox"/>
1.h	Take-off		<input type="checkbox"/>	<input type="checkbox"/>
1.i	ATC compliance ,if applicable. (operation of radio and/or transponder including emergency procedures)*		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section is completed		

<b>SECTION 2: GENERAL AIRWORK</b>		Instructors initials when training completed	Pass	Fail
2.a	Climb to level flight		<input type="checkbox"/>	<input type="checkbox"/>
2.b	Level flight		<input type="checkbox"/>	<input type="checkbox"/>
2.c	Descend to level flight		<input type="checkbox"/>	<input type="checkbox"/>
2.d	Operating at low level		<input type="checkbox"/>	<input type="checkbox"/>
2.e	ATC compliance (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section is completed		

<b>SECTION 3: EN-ROUTE PROCEDURES</b>		Instructors initials when training completed	Pass	Fail
3.a	Dead reckoning and map reading		<input type="checkbox"/>	<input type="checkbox"/>
3.b	Marking positions and time		<input type="checkbox"/>	<input type="checkbox"/>
3.c	Orientation and airspace structure		<input type="checkbox"/>	<input type="checkbox"/>
3.d	Maintenance of altitude		<input type="checkbox"/>	<input type="checkbox"/>
3.e	Fuel management		<input type="checkbox"/>	<input type="checkbox"/>
3.f	Communication with retrieve crew (and passengers)*		<input type="checkbox"/>	<input type="checkbox"/>
3.g	ATC compliance (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section is completed		

<b>SECTION 4: APPROACH AND LANDING PROCEDURES</b>		Instructors initials when training completed	Pass	Fail
4.a	Approach from low level, missed approach and fly on. (Passenger briefing and execution of exercise)*		<input type="checkbox"/>	<input type="checkbox"/>
4.b	Approach from high level, missed approach and fly on. . (Passenger briefing and execution of exercise)*		<input type="checkbox"/>	<input type="checkbox"/>
4.c	Pre-landing checks		<input type="checkbox"/>	<input type="checkbox"/>
4.d	Passenger pre-landing briefing		<input type="checkbox"/>	<input type="checkbox"/>
4.e	Selection of landing field.		<input type="checkbox"/>	<input type="checkbox"/>
4.f	Landing, dragging and deflation.(Final passenger briefing)*		<input type="checkbox"/>	<input type="checkbox"/>
4.g	ATC compliance (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
4.h	Actions after flight (recording of the flight, closing flight plan ( if applicable), briefing passengers for packing balloon, contact landowner)		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section is completed		

<b>SECTION 5: ABNORMAL AND EMERGENCY PROCEDURES</b>		Instructors initials when training completed	Pass	Fail
This session may be combined with Sections 1 through 4.				
5.a	Simulated fire on the ground and in the air		<input type="checkbox"/>	<input type="checkbox"/>
5.b	Simulated pilot light and burner failures		<input type="checkbox"/>	<input type="checkbox"/>
5.c	Simulated passenger health problems		<input type="checkbox"/>	<input type="checkbox"/>
5.d	Other abnormal and emergency procedures as outlined in the appropriate flight manual		<input type="checkbox"/>	<input type="checkbox"/>
5.e	Oral questions		<input type="checkbox"/>	<input type="checkbox"/>
		Examiners initials when test section is completed		

**H. ADDITIONAL INFORMATION REGARDING THE TEST****I. DE BRIEFING**

Disagreements with or comments on examiner's report

Date	Signature of applicant
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## Instructions for completing form TSL7250 Skilltest and proficiency check Balloon

- A.** Please tick the appropriate boxes for relevant test/check.
- B.** Personal information of the applicant, and licence endorsement (if applicable) always required.
- C.** Personal information of the applicant.  
**AMC1 ARA.GEN.315 Applicant VERIFICATION OF COMPLIANCE** By ticking this box you certify that you: (1) do not hold any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State; (2) has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and (3) has 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. Incorrect information could disqualify you from being granted a personnel licence, certificate, rating, authorization or attestation
- D.** The result and details of the test. Examiners declaration's and signature..
- E.** This section is to be completed by the Head of Training of the training organisation..
- F.** This section is a checklist of prerequisites for the examiner to check before the test/check.  
**Please note that the examiner must sign and thus affirm that he has checked all prerequisites before the test. By signing the examiner also confirms:**
- have received information from the applicant regarding their experience and instruction, and found that experience and instruction comply with the applicable requirements of Annex III (Part- BFCL) to Regulation (EU) 2018/357;
  - confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail or partial pass;
  - where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate.
- In case of non-Swedish examiner, the following attachments are required; The Examiners certificate documents including copy of the license**
- G.** Protocol.
- H.** Additional information regarding the test, E.g the test was completed during separate days.
- I.** Only required if disagreements or comments on Examiner's report/remarks is provided by the applicant.
- J.** Additional information regarding the conditions during test, E.g. the test was completed during separate days.
- \*** Needs to be completed only for commercial privileges