

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial issue (practical syllabus must be attached)<br><input type="checkbox"/> Revalidation<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Extension (new type, class or role)<br><input type="checkbox"/> Removal of restriction "Not to perform instructor AoC" (SFE & TRE only) in accordance with FCL.1005.TRE/SFE (a)(5) | APPLICATION FOR, AND REPORT FORM FROM ASSESSMENT OF COMPETENCE FOR ISSUING OR REVALIDATION OF EXAMINER CERTIFICATE ACCORDING TO SUBPART K OF COMMISSION REGULATION (EU) NO 1178/2011 OF 3 NOVEMBER 2011. COMMISSION REGULATION (EU) 2018/395 AND COMMISSION IMPLEMENTING REGULATION 2018/396 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## A. Applicant information

|                                                                                                                                            |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Last name                                                                                                                                  |                | Licence number |
| First and middle name                                                                                                                      |                |                |
| Street or box                                                                                                                              |                |                |
| Postcode                                                                                                                                   | Town/city      |                |
| Country                                                                                                                                    |                |                |
| Telephone number                                                                                                                           | E-mail address |                |
| <input type="checkbox"/> Applicant verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315 (c) (see instructions, page 6) |                |                |

## B. Application for authorisation as (tick all applicable boxes)

|                                                           |                                      |                                       |                                    |
|-----------------------------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| Role of examiner                                          |                                      |                                       |                                    |
| <input type="checkbox"/> ST-examiner                      | <input type="checkbox"/> PC-examiner | <input type="checkbox"/> Sen-examiner |                                    |
| <input type="checkbox"/> Flight examiner (FE)             | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |
| <input type="checkbox"/> Instrument rating examiner (IRE) | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |
| <input type="checkbox"/> Class rating examiner (CRE)      | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |
| <input type="checkbox"/> Type rating examiner (TRE)       | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |
| <input type="checkbox"/> Synthetic flight examiner (SFE)  | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |
| <input type="checkbox"/> Flight instructor examiner (FIE) | <input type="checkbox"/> Aeroplane   | <input type="checkbox"/> Helicopter   | <input type="checkbox"/> Sailplane |

Send the form as a scanned file in pdf-format to: [certifikat.w3d3@transportstyrelsen.se](mailto:certifikat.w3d3@transportstyrelsen.se)

or as mail to: Transportstyrelsen, SE-601 73 Norrköping

# Examiner certificate application form and examiner assessment of competence report

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## Balloon only

|                                                                                                                                              |                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|
| Role of examiner                                                                                                                             |                                                                |                                       |
| <input type="checkbox"/> Examiner (ST & PC)                                                                                                  | <input type="checkbox"/> Examiner (ST, PC & commercial rating) | <input type="checkbox"/> SEN-Examiner |
| <b>Hot air balloon class</b>                                                                                                                 |                                                                |                                       |
| <input type="checkbox"/> Group A<br><input type="checkbox"/> Group B<br><input type="checkbox"/> Group C<br><input type="checkbox"/> Group D |                                                                |                                       |
| <input type="checkbox"/> Gas balloon class <input type="checkbox"/> Mixed balloon class <input type="checkbox"/> Hot-airship class           |                                                                |                                       |

## C. On the following types/classes of aircraft/balloon

| Type/Class                                                  | Flight time total on type/class | As instructor on type/class |
|-------------------------------------------------------------|---------------------------------|-----------------------------|
| 1.                                                          |                                 |                             |
| 2.                                                          |                                 |                             |
| 3.                                                          |                                 |                             |
| 4.                                                          |                                 |                             |
| 5.                                                          |                                 |                             |
| 6.                                                          |                                 |                             |
| IFR flight time / of which as instructor (Initial IRE only) |                                 |                             |

## D. Revalidation and renewal

|                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|
| Last examiner standardization meeting attended, place/date (attach certificate of completion) or planned attendance date |
| Tests conducted, last three years, as examiner (PC, Skill test, Assessment of Competence only)                           |

## Examiner assessment of competence report form (if applicable)

### E. Before assessment

|                                                                                            |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Valid licence                                                     | <b>For revalidation;</b><br><input type="checkbox"/> ≥ 6 test/checks during the validity period of the certificate<br><input type="checkbox"/> Attended examiner refresher seminar within the last year of the validity period. (or planned attendance date noted on page 1) | <b>For renewal;</b><br><input type="checkbox"/> Consultation with the Swedish Transport Agency confirmed<br><input type="checkbox"/> Attended examiner refresher seminar within the last 12 months (or planned attendance date noted on page 1) |
| <input type="checkbox"/> Valid medical (N/A for SFE)                                       |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> All relevant type/class ratings valid (N/A for SFE)               |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Valid relevant Instructor rating (-s)                             |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Personal identification card                                      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Initial issue                                                                              | <input type="checkbox"/> All prerequisites checked and confirmed including latest revision of Examiner differences document, revision no:<br><br>Senior examiner                                                                                                             |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Examiner standardisation course passed within the last 12 months. |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Practical training completed (attach protocols to application)    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Type of test or check observed                                                             | Aircraft type and registration (or simulator Qualification no)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                 |

# Examiner certificate application form and examiner assessment of competence report

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|                |                |
|----------------|----------------|
| Crew member(s) |                |
| Name           | Licence number |
| Name           | Licence number |

## F. Result of the test

### Final result

|                                                       |                              |                                                           |  |
|-------------------------------------------------------|------------------------------|-----------------------------------------------------------|--|
| <input type="checkbox"/> Pass                         |                              | <input type="checkbox"/> Fail                             |  |
| <input type="checkbox"/> Temporary certificate issued |                              | <input type="checkbox"/> Temporary certificate not issued |  |
| Date                                                  | Place                        |                                                           |  |
| Senior examiner certificate number                    | Signature of senior examiner |                                                           |  |
| Stamp or printed name                                 |                              |                                                           |  |

| 1. General                                         | 0                        | 2                        | 1                        | N/A                      |
|----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.1 Establishing a relaxed and friendly atmosphere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 Attitude towards applicant(s)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 Attitude towards senior examiner / inspector   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. Pre-flight                                                                                                                                                     | 0                        | 2                        | 1                        | N/A                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.1 Stating the objectives of the flight/test                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 Checking applicant(s) licence and identification                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 Checking the applicant's training records, logbook and/or course completion certificate (including ATO recommendation if relevant)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 Verification that the applicant(s) meet all applicable qualification, experience and training requirements for the licence, rating or certificate applied for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 Inviting and allowing questions during the briefing                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 Setting a practical scenario and indicating all conditions for the flight                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 Setting a relevant test schedule, allowing all necessary items to be covered                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Examiner certificate application form and examiner assessment of competence report

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|                                                                                                                                                                               |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.8 Giving due regard to weather, ATC etc.                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.9 Establishing SOP, checklists, charts and which manuals to be used for the test                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.10 Requesting a weather assessment from the applicant(s)                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.11 Establishing the roles and responsibilities to be assumed during the test (including different roles during a FSTD session)                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.12 Briefing the test content, including the expected sequence of events                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.13 Conducting the oral exam                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.14 Establishing speeds, power settings, configuration for the required manoeuvres                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.15 Checking of mass and balance calculations                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.16 Establish any operational limitations for the test, e.g. bank angles, speeds etc.                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.17 Establishing and approving operating minima, minimum descent height and missed approach point                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.18 Briefing of any relevant safety considerations for simulated or actual abnormal and emergency procedures (including emergency egress procedures etc. for tests in FSTDs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.19 Ensuring the completion of administrative procedures, e.g. submission of flight plan, PPR etc.                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.20 Verifying that the aircraft or simulator is airworthy/qualified and suitable.                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>3. Test session</b>                                                                                                                    | <b>0</b>                 | <b>2</b>                 | <b>1</b>                 | <b>N/A</b>               |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3.1 Avoiding negative remarks and criticism during the test                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Ensuring that the applicant operated the aircraft as PIC and carried out the test as if no other crew members were present (SP tests) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Testing the applicant(s) as both PF and PNF (MP tests)                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 Avoiding to take any part in the operation of the aircraft except where intervention was necessary in the interests of safety         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 Avoiding the role of an instructor                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 Ensuring that the applicant(s) could perform the test to the best of their ability                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.7 Maintaining a flight and assessment log                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.8 Conducting the test as briefed                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.9 Ensuring that the applicant(s) understand and accept any changes to the test schedule                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.10 Assessing all items separately                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Examiner certificate application form and examiner assessment of competence report

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|                                                                                                                                   |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3.11 Not allowing marginal or questionable performance of one test item to influence the assessment of a subsequent item          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.12 Allowing sufficient time for each manoeuvre                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.13 Handling of repeated items (if applicable)                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.14 Using a suitable means of screening to simulate IMC for any manoeuvres required to be flown by sole reference to instruments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15 Handling the aircraft or simulator when necessary                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.16 Displaying good airmanship and flight discipline during the test                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                    |                          |                          |                          |                          |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>4. Assessment</b>                                               | <b>0</b>                 | <b>2</b>                 | <b>1</b>                 | <b>N/A</b>               |
| 4.1 Assessing the candidate(s) against the required test standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 Correctly applying the Pass/Partial Pass/Fail criteria         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Giving due regard to test conditions                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                    |                          |                          |                          |                          |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>5. Post-flight</b>                                                              | <b>0</b>                 | <b>2</b>                 | <b>1</b>                 | <b>N/A</b>               |
| 5.1 Delivering a clear result of the test                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 Stating any reasons for a failed or partially passed test                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 Stating re-training requirements (if applicable)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 Stating re-test requirements (if applicable)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5 Giving constructive criticism and offering advise on how to correct any errors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.6 Providing the applicant(s) the signed test report                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7 Completing the necessary test report and application forms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.8 Completing the necessary license administration                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**G. Remarks**

| Item no                                                        | Comment                |
|----------------------------------------------------------------|------------------------|
|                                                                |                        |
| Disagreement with or<br>comment on senior<br>examiner's report | Signature of applicant |

**H. Additional information**

# Examiner certificate application form and examiner assessment of competence report

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## TSL7373 - INSTRUCTIONS FOR COMPLETING FORM

This form must be used for when applying for the issue, revalidation, renewal or extension of examiner certificates. A copy of the form shall be submitted by the senior examiner to the address indicated on the bottom of page one.

**A.** The applicant shall enter all the information required

### 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.

**B.** The applicant shall tick all applicable examiner roles for which examiner privileges are sought, according to his/her instructor ratings.

**C.** The types and classes on which tests/checks are to be conducted on and the flight time on types/classes respectively. Please note that the instrument flight time and instrument instructing time is only relevant for the first issue of IRE authorisation.

**D.** For revalidation or renewal the certificate of completion from the last attended examiners standardization meeting must be attached or planned attendance date noted.

**E.** The senior examiner shall tick all applicable boxes and enter the relevant information.

**F.** The senior examiner shall enter the result of the test and sign the form. If the examiner does not have a stamp he/she must type out the examiner certificate number. The grading of the test items is to be done as follows:

0. Pass - Completed without any errors or mistakes

2. Pass - Completed with minor mistakes which did not affect the outcome of the test but leaves room for improvement, but still to an acceptable level.

- Errors in administration forms
- Assuming an instructor role, without affecting the outcome of the test
- Incorrect setting of simulator, which is corrected
- Having to extend the time frame of the test due to poor planning

1. Fail - Completed with major errors or mistakes which indicates an unacceptable level.

Examples of major errors or mistakes could be

- Awarding the wrong result
- Not including all mandatory items
- Assuming an instructor role, and affecting the outcome of the test
- Creating a hostile environment

**G.** The senior examiner shall note all errors and mistakes under remarks, with a reference to the relevant item. Please bear in mind that this information will also be used for examiner standardization purposes so a clear description of the events is required.

**H.** The senior examiner shall enter any other relevant information regarding the test, e.g. test completed on two separate occasions due to weather etc.