



Application for the inclusion of an additional Aircraft Rating of a Pilot's Licence – (Helicopter)

IMPORTANT

Before completing this form the notes of page 2 should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with your licence. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of documents, records and the personal flying logbook.

SECTION 1 Personal Particulars of Applicant (in BLOCK CAPITALS)

Full Name (Surname first):

Licence Number:

Type of Licence: PPL H / CPL H / ATPL H*

Address to which licence is to be returned:

Contact Telephone Number:

SECTION 2 Application.

I hereby apply to have the _____ helicopter included in the Aircraft Rating of my Pilot's Licence. I certify that the information provided on this form is true to the best of my knowledge and belief. The following is also attached in support of this application.

Fees (Refer Civil Aviation (Fees and Charges) Regulation)

Type rating issue fee (Refer to Civil Aviation (Fees and Charges) Regulation)

Flight test fee (If test conducted by CAAF Examiner.) (Refer to Civil Aviation (Fees and Charges) Regulation)

Signature.....Date

ALLOW 3 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER

SECTION 3 Declaration of Training and Proficiency.

I certify that Captain _____ Licence Number: _____ has satisfactorily completed a course of training in accordance with the approved company training manual for the following: Initial Type Rating* / Refresher Training* Aircraft Type, including variants:

Date Training commenced:

Date Training completed:

The course consisted of 00:00 hours of flight instruction of which 00:00 hours were synthetic flight instruction in a FNPT I* or FNPT II/III* or FTD 2/3* or FFS*.

Aircraft DQ-

Number of take-offs and landings:

Registration:

Theoretical knowledge examination pass mark (%): %

I hereby certify the aforementioned applicant is ready for test

Signature:

Date:

Name (in BLOCK CAPITALS):

Licence No. and Type:

Pilot in charge of training for:

SECTION 4

FOR OFFICIAL USE ONLY

Examiner authority checked

ACCEPT

REJECT because:.....

Signature Date

Name (in BLOCK CAPITALS)

		Calculation
Fee		
Part:		
Item:		
Time: From		
: To		
Travel: From		
To		
Transport		
Accommodation		
Overhead		
Receipt No.		
Date		

SECTION 5 APPLICANT FLYING EXPERIENCE DECLARATION.

I declare I have received the following flying experience on

6.1	Type Conversion training:						Hours Flown
	Dual	ICUS	PIC	SIM	Act	Synthetic Trg	
	__:__	__:__	__:__	__:__	__:__	__:__	

6.2 My total flying hours are as follows:

Single Pilot Time		MP Time	Total Time	Night	IFR	PIC	Co-Pilot	Dual	Instructor
SE	ME	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours


Applicants Signature: Date:

Name in BLOCK CAPITALS: Licence number:

GENERAL NOTES

- 1 **FALSE REPRESENTATION STATEMENT** It is an offence under Civil Aviation Acts and the Air Navigation Regulation 128 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to \$1,000, or imprisonment not exceeding 6 months, or to both such fine and imprisonment.
- 2 'Satisfactory' means that the applicant is in full control of his helicopter at all times, and that the successful outcome of a manoeuvre is never in doubt. Unsatisfactory means that the applicant fails to satisfactorily maintain control of the aircraft and or its system during a particular manoeuvre and or exercise specified in the test or as directed by the examiner, which resulted in verbal prompting or physical assistance with the flying controls.
- 3 Simulated engine failures for practice may be carried out provided the area is suitable for an autorotative landing, and that the fuel flow control will not be retarded.
- 4 During a hovering autorotation the fuel flow control will be retarded by the examiner.
- 5 Endorsement of the licence will date from the completion of these tests.
- 6 Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the helicopter used for this test may sign for the satisfactory completion of any test on this form. This form must be used irrespective or not whether the applicant passes or fails.
- 7 This issue of CAAF Form **PL 105** is for use in respect of all Helicopters. Copies of this form are available from the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, telephone (679) 892 3155 or may be downloaded from www.caaf.org.fj.

SECTION 6: CERTIFICATE OF TEST FOR TYPE RATING TO A FIJI LICENCE (HELICOPTERS)

 Additional Type Rating Test & Base Check – VFR / IFR												
Candidate						Date of This Check						
Licence No						FSTD Time / Aircraft Time		:	:			
Aircraft Type*						Total Time		:				
Aircraft Reg / TO Mass		DQ-				Day or Night*		Day / Night				
Location(s)					Type*		VFR / IFR					
ATD / ATA					Seat*		LHS / RHS					
Weather						Date Next Check Due						
Enter in VFR / IFR as Appropriate: S = Satisfactory U = Unsatisfactory IR = Improvement Required Provided that the candidate achieves a satisfactory standard on all required items within 2 attempts then a pass can be recorded.							Initial* / Recurrent* Key: *=Delete as Appropriate Mark N/A Items or Sections Not Appropriate Items marked M are Mandatory (ME)=Multi Engined Helicopter (SE)=Single Engined Helicopter					
				VFR	IFR	ING				VFR	IFR	ING
1. PRE-DEPARTURE							7. INSTRUMENT FLIGHT PROCEDURES					
a.Performance, Mass & Balance		M				a.Instrument Take-Off						
b.Pre-Flight Inspection		M				b.Simulated Engine Failure During Dep.M						
c.Knowledge of OM Weather Minima		M				c.Dep, Arrivals, & ATC Instructions M						
d.Pre TO Instr. Serviceability Checks		M				d.Holding Procedures						
2. FLIGHT PREPARATION & CHECKS							e.Precision Approach to Cat 1 DH					
a.Flight Planning		M				i. Manually without Flight Director						
b.External Visual Inspection		M				ii. Manually with Flight Director						
c.Cockpit Inspection		M				iii. With Coupled Autopilot						
d.Starting Procedures		M				iv. With one Engine Inop. M						
e.Nav/Comm Equip. Setting & Checking		M				f. Non-Precision Approach to MDA/H M						
f. Taxying		M				g.Go Around from DA/DH MDA/MDH:						
g.Pre Take-Off Checks		M				i. All Engines Operating						
3. TAKE-OFFS							ii. One Engine Simulated Inoperative M (ME)					
a.Take-Offs Various Profiles		M				h.Other Missed Approach Procedures						
b.Sloping Ground Take-Off & Landing M						i. IMC Autorotation with Power Recovery M						
c.Cross Wind Take-Off						j. Recovery From Unusual Attitudes M						
d. Limited Power operations M						8. NORMAL & ABNORMAL OPERATION						
e.Take-Off at MTOM						Mandatory minimum of 3 items from section						
f. Take-Off with Simulated Engine Failure						a.Engines						
i. Shortly before TDP M (ME)						b.Air Conditioning/Heating & Ventilation						
ii. Shortly after TDP M (ME)						c.Pitot/Static System						
4. FLIGHT MANOEUVRES & PROCEDURES							d.Fuel System					
a.Climbing & Descending Turns onto Hdgs M						e.Electrical System Failure						
b.30° Bank Turns L & R 180° to 360° M						f. Hydraulic System Failure						
c.As b by sole reference to instruments M						g.Flight Control & Trim System						
5. AUTOROTATION							h.Anti-Icing System					

a. Autorotation to designated area Datum & 180° M				i. Autopilot/Flight Director			
b. Autorotative Landing or Power Recovery M				j. Stability Augmentation Devices			
c. Autorotation from 500 feet Hover (SE)				k. Wx. Radar, Radio Alt. & Transponder			
6. LANDINGS				l. Area Nav System			
a. Landings - Various Profiles M				m. Engine Control Systems			
b. Landings OEI: After LDP M (ME)				n. Radio & Nav, Instr., & Flight Man. Syst.			
c. G/A or Landing Shortly Before LDP M (ME)				o. Flight Instruments & Nav. Equipment			
d. Landing Confined Area M (SE)				p. FCDS/CPDS and EFIS failures			

Additional Type Rating Test & Base Check – VFR / IFR (Continued)									
Candidate:					Licence No:				
Enter in VFR / IFR / INQ as Appropriate: S = Satisfactory U = Unsatisfactory IR = Improvement Required Provided that the candidate achieves a satisfactory standard on all required items within 2 attempts then a pass can be recorded.				VFR	IFR	INQ	Key: *=Delete as Appropriate Mark N/A Items or Sections Not Appropriate Items marked M are Mandatory (ME) =Multi Engined Helicopter (SE) =Single Engined Helicopter		
9. EMERGENCY PROCEDURES (minimum of 3 items from section)							10. ROLE PROFICIENCY CHECKS (SPECIFY)		
a. Engine Fire Drills M							a. ATC Compliance M		
b. Fuselage Fire Drills							b. Airmanship		
c. Evacuation Drills							c.		
d. Smoke Control & Removal M							11. CRM		
e. Engine Failures & Restarts							a. CRM Review M		
f. Governor Failures							b. TEM M		
g. Tachometer Failure							Notes & Observations:		
h. Directional Control Failure M									
i. Tail Rotor Loss of Thrust									
j. Transmission Malfunction									
k. Emergency Operation of Undercarriage									
l. Pilot Incapacitation									
m. Other Procedures from RFM (Specify)									
i.									
ii.									
Theoretical Knowledge		PASS / FAIL*			WRITTEN / ORAL*				
Operator Base Check		PASS / FAIL*			VALIDITY: VFR / IFR / INQ*				
LST Completed		YES / NO*			Logbook Signed		YES / NO*		
General Assessment, Comments and Recommendations:									

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Candidate Signature: _____

Date: _____

CERTIFICATE OF COMPLETION FOR AIRCRAFT TYPE RATING

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct such aircraft rating tests hereby certify that **Captain** _____ was today tested by me in accordance with the requirements of the FIJI ANRs for the time being in force and has satisfied me that he/she is competent to carry out the duties required of him/her, use the equipment, as PIC for the aircraft type stated.

Examiners Name (BLOCK CAPITALS): _____ Licence No. _____

Signature: _____ Date: _____