



Form. No. RPPL-F-147D  
AMDT No. 3  
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Issue Date: 11/09/2023

**REPORT FORM :**  
**IRISH AOC HOLDERS LICENCE PROFICIENCY CHECK (LPC)**  
**&/or COMBINED OPERATOR PROFICIENCY CHECK (LPC/OPC)**  
**FOR REVALIDATION ONLY OF**  
**IAA issued MULTI-PILOT AEROPLANE TYPE RATINGS,**  
**including PROFICIENCY CHECK FOR IRs**  
(PART-FCL Appendix 9)

### 1. IAA LICENCE HOLDER DETAILS (LPC/OPC CANDIDATE)

Surname		First Name (s)	
Date of Birth		Contact Number	
Email Address			
Type of Licence held		IAA Licence Number	

**Declaration:** I understand that I am taking a Proficiency Check for the purpose(s) selected in section 2 below.

<b>Candidate Signature</b> (Before Check)		Date:	
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### 2. PROFICIENCY CHECK DETAILS

A/C or FSTD Type (incl. variant):		A/C Registration or FSTD ID No.:		Location / Site	
Off Blocks/Start:		On Blocks/Finish:			
<b>RESULT:</b>	<b>PASS</b> <input type="checkbox"/>			Incl. IR Privileges	<input type="checkbox"/>
<b>IR privileges:</b>	CAT I <input type="checkbox"/>	CAT II <input type="checkbox"/>	CAT III <input type="checkbox"/>	Low Vis <input type="checkbox"/>	PBN <input type="checkbox"/>
<b>New Type Rating Validity Date:</b>					

<input type="checkbox"/>	The candidate has passed a combined proficiency check for the revalidation of an IR(A) and Multi-Pilot Aeroplane Type Rating in accordance with Appendix 9 to PART-FCL, (See FCL.625.A IR(A)).
<input type="checkbox"/>	The candidate has completed at least 10 route sectors as pilot of the relevant type during the period of validity of the rating, <b>OR</b>
<input type="checkbox"/>	The candidate has completed 1 route sector, flown during this proficiency check, <b>OR</b>
<input type="checkbox"/>	The candidate has completed a combined LPC/OPC i.a.w. FCL.740.A(a)(3)

**(Note: If the result of the proficiency check is a Fail or Partial Pass, - Form No. RPPL-F-147 must be completed and submitted to the IAA FCL office)**

### 3. EXAMINER DECLARATION

**I confirm that:**

1. Communication with the applicant can be established without language barriers;
2. I have received information from the applicant regarding his or her experience and have found that the experience and instruction complies with the applicable requirements in Part-FCL;
3. The applicant complies with all the qualification, training and experience requirements of Part-FCL for the revalidation of the Type Rating and/or IR for which this proficiency check is taken;
4. I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.

<b>Examiner Name:</b>		<b>Examiner Signature:</b>	
Examiner Certificate No.:		Expiry Date:	

#### NOTES:

1. Examiners must follow the IAA's National Procedures as promulgated on the IAA website or any alternative procedures as may be agreed between the IAA and a specific Airline.
  2. Unless otherwise agreed with the IAA, Examiners must include a copy of their valid Licence, Type Rating, Instructor Certificate and Examiner Certificate with this form.
- All Examiners are required by FCL.1030 (c) & (d) as follows:
3. To maintain records for 5 years with details of all proficiency checks performed and their results.
  4. Upon request by the competent authority responsible for the examiner certificate, or the competent authority responsible for the applicant's licence, to submit all records and reports, and any other information, as required for oversight activities.