



Form. No. ECON.ACW.F.148D
 AMDT No. 2
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 Issue Date: 25/09/2024

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

MySRS Reference Number: IAA - -

Please register and setup an account at <https://iaa.mysrs.ie/auth/sign-in>

*** MySRS is being used for online payments only***

Please do not send application documents to MySRS, this is to be used for payment methods only at this time.

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. I understand and accept that the information gathered in this form is for the purposes of processing and issuance of the applicable rating in accordance with the relevant regulations in force at the time of check.		
Candidate Signature (Before Check)		Date:

2. PROFICIENCY CHECK DETAILS

A/C or FSTD Type (incl. variant):	A/C Registration or FSTD ID No.:	Location / Site
Rotor Start:	Rotor stop:	
RESULT:	PASS <input type="checkbox"/>	Incl. IR Privileges <input type="checkbox"/>
IR privileges:	CAT I <input type="checkbox"/>	Low Vis <input type="checkbox"/> PBN <input type="checkbox"/>
New Type Rating Validity Date:		
<input type="checkbox"/>	The candidate has passed a combined proficiency check for the revalidation of an IR(H) and Multi-Pilot Helicopter Type Rating in accordance with Appendix 9 to PART-FCL, (See FCL.625 IR).	
<input type="checkbox"/>	The candidate has completed at least 2 hours as a pilot of the relevant helicopter type within the validity period of the rating. The duration of the proficiency check may be counted towards the 2 hours.	

(Note: If the result of the proficiency check is a Fail or Partial Pass, - Form No. ECON.ACW-F-148 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.

Examiner Name:	Examiner Signature:
Examiner Certificate No.:	Expiry Date:



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RATINGS, including PROFICIENCY CHECK FOR IRs
(PART-FCL Appendix 9)

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 AOC holder.
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.