



Form. No U.F.102H

AMDT No. 5

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Issue Date: 18/01/2018

APPLICATION and SKILL TEST REPORT FORM for:

**SUA (HELICOPTER)
PILOT COMPETENCY
CERTIFICATE (PCC)**Please complete this form in **BLOCK CAPITALS** having read the Guidance Notes attached to this form.

1. PERSONAL DETAILS					
Surname		First Name(s)		Title	
Date of Birth		Nationality			
Place of Birth (Town)		Country			
Permanent Address					
Postcode		Mobile		Landline	
Mailing Address (if different from above):					
Email					

2. SUA TEST APPLICATION					
Test Type		Max Take-off Weight		SUA RANGE	
Skill Test (Initial issue)	<input type="checkbox"/>	Up to 4 Kg	<input type="checkbox"/>	VLOS	<input type="checkbox"/> (300m)
Proficiency check (Renewal)	<input type="checkbox"/>	Up to 25 Kg	<input type="checkbox"/>	EVLOS	<input type="checkbox"/> _____m
		Up to 150 Kg	<input type="checkbox"/>	BVLOS	<input type="checkbox"/>

3. FLIGHT EXPERIENCE RECORD		
Details of SUA Flight Experience	Helicopter	Total
Flight Time as Pilot of SUA		

4. APPLICANTS DECLARATION	
Declaration: I understand that I am taking a Skill Test for the qualification selected in Section 2 above. The flight experience record listed in Section 3 is accurate and a true representation of my Helicopter and Total SUA flying hours.	
Applicants Signature	

5. EXAMINER DECLARATION	
I confirm that:	
1) The applicant's English Language Proficiency is acceptable for ATC Communications.	
2) I have reviewed the applicant's SUA training and have found that it complies with minimum training requirements.	
3) I have made the applicant aware of the content of the examination.	
4) I have made the applicant aware of the right to appeal the result of the skill test and the process for appeal.	
Examiner's Signature	



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6. RESULT OF SKILL TEST (1st Attempt only)

SUA Type (incl. variant)		SUA Registration	
Date	Take-Off time	Landing Time	Total time
RESULT:	PASS <input type="checkbox"/> PARTIAL PASS <input type="checkbox"/> FAIL <input type="checkbox"/> (Note: If the test is stopped because the Examiner considers the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail.)		
EXAMINER REPORT (complete for Partial Pass or Fail only)			
Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground:			
Examiner Signature			
Applicant Signature	I acknowledge the result of the skill test details notified in this section.		

7. RESULT OF SKILL TEST (2nd Attempt only)

SUA Type (incl. variant)		SUA Registration	
Date	Take-Off time	Landing Time	Total time
RESULT:	PASS <input type="checkbox"/> PARTIAL PASS <input type="checkbox"/> FAIL <input type="checkbox"/> (Note: If the test is stopped because the Examiner considers the applicant's demonstration of flying skill requires a complete re-test, the result must be recorded as a Fail.)		
EXAMINER REPORT (complete for Partial Pass or Fail only)			
Minimum further training requirement prior to re-test (if applicable): Flight: Hrs. Ground:			
Examiner Signature			
Applicant Signature	I acknowledge the result of the skill test details notified in this section.		



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NOTE: ALL MANOEUVRES MUST BE ATTEMPTED AND GRADED.

8. HELICOPTER SUA SKILL TEST SCHEDULE

Manoeuvres/Procedures	1 st Attempt	2 nd Attempt	Examiner Signature
CHECK 1 – FLIGHT PREPARATION			
1.1 Site Survey			
1.2 Aircraft External Visual Inspection.			
1.3 Pre-Start Checklist Procedure			
1.4 Pre-Take Off Checklist Procedure			
CHECK 2 – TAKE-OFF			
2.1 Controlled Take Off			
2.2 Climb to Safe Height			
2.3 Control Check			
CHECK 3 – FLIGHT MANOEUVRES & PROCEDURES			
3.1 Sensor Placement			
3.1.1 Track Toward Object			
3.1.2 Hover Left/Right of Object			
3.1.3 Yaw to Face Object			
3.1.4 Hover Hold			
3.1.5 Reverse Track to LZ			
3.2 Target Oblique Positional Track			
3.2.1 Hover Laterally Left/Right of Object			
3.2.2 Movement with Target			
3.2.3 Return to LZ			
3.3 Range of Operation			
3.3.1 Flight to Max Height as per Ops Manual			
3.3.2 Flight to Max Distance as per Ops Manual			
3.4 Abnormal & Emergency Procedures			
3.4.1 Manned Aircraft Avoidance Procedures			
3.4.2 Loss of Orientation Procedures			
3.4.3 Return to Home/Fail Safe - Engagement			
3.4.4 Return to Home/Fail Safe - Regain Craft Control			
3.4.5 Emergency Landing - Position to Alternate LZ			
3.4.6 Emergency Landing - Hover & Land at Alternate LZ			
3.4.7 Loss of GPS - Stable Hover			
3.4.8 Loss of GPS - Return to LZ			
CHECK 4 – LANDING			
4.1 Hover over LZ			
4.2 Safe Descent			
4.3 Controlled Landing			
CHECK 5 – SHUT DOWN & GENERAL			
5.1 Rotors Off			
5.2 Make Safe			
5.3 Shutdown Checklist Procedure			
5.4 Voice Procedures/Call Outs			
5.5 Crew Co-ordination & Briefings (as applicable)			
CHECK 6 – THEORETICAL KNOWLEDGE			
6.1 Aeronautical Charts & Controlled Airspace, SUA Requirements and Procedures			
6.2 Regulations (SUA, DATA, H&S, Privacy)			
6.3 Risk Management (Concept & Principles)			



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9. GUIDANCE NOTES, APPENDIX LIST OF DOCUMENTARY EVIDENCE AND PAYMENT FORM

Sections 1-4 of the application form must be completed by the applicant personally.

Section 1 – Personal Details

The permanent address will be entered on your Pilot Competency Certificate and will also be the address to which the certificate will be sent. If you want the certificate sent to an alternative address, please enter the details under ‘correspondence address.

Section 2 – SUA Test Application

Please enter details of the SUA Skill Test applied for.

Section 3 – Flight Experience RECORD

Please enter details of your recorded flight experience in the relevant sections of the table. **Helicopter:** Total Helicopter Hours.
Total: Total SUA Hours.

Section 4 – Applicants Declaration

Please sign the declaration.

10. SUBMISSION INSTRUCTIONS

Applicants for an SUA Pilot Competency Certificate must submit the following documentation within six months of the skill test:

- (1) The completed Skill Test Report Form
- (2) The SUA Commercial Pilot Training Course Completion Certificate
- (3) The Appropriate Fee

All documentation will be electronically sent to: **fod@iaa.ie** or sent by post addressed to: Flight Operations Department, Irish Aviation Authority, The Times Building, 11-12 D’Olier Street, Dublin 2, Ireland. Email and postal applications should be clearly marked **SUA Pilot Competency Certificate Application**.

11. PAYMENT FORM

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) Order](#).

I am paying by: -

CREDIT CARD **DEBIT CARD** **LASER**

(please specify)

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card) _____

Card Number

Valid from: / Expiry Date /

Security Code (last 3 digits on signature strip on reverse of card)

Address of Card holder, if different from applicant _____
