



**EXAMINERS REPORT (Aeroplane)**  
**for Class, Type, Instrument Ratings, ATPL, Instructor and Examiner Skills Test**

*Please complete in BLOCK CAPITALS using black or dark blue ink.*

**Note:** Examiners are reminded that they must complete this Report Form and may give a copy of the Examiner's Report to the applicant for submission with their application. Examiners remain responsible for submitting the examiner report to MCAA, within 14 working days from the skill test, proficiency check or assessment of competence. The application must be submitted to MCAA for the rating or certificate to be entered into the certificate of revalidation and a fee will apply.

**FALSE REPRESENTATION STATEMENT**

It is an offence 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.

**1. APPLICANT DETAILS**

**To be completed by the Examiner**

Title: ..... Forename(s): ..... Surname: .....  
Date of Birth (dd/mm/yyyy): .....

**2. EXAMINERS CERTIFICATE FOR TEST, CHECK OR REVALIDATION OF EXPERIENCE**

**To be completed by the Examiner**

I certify completion of the Skill Test		Proficiency Check		Revalidation by Experience	
<b>MULTI PILOT CERTIFICATED AEROPLANE</b>					
Type Rating (please specify including variants):					
Pass:		Partial Pass:		Fail:	
				Incomplete:	
ATPL Skill Test (please specify including variants):					
Pass:		Partial Pass:		Fail:	
				Incomplete:	
<b>SINGLE PILOT CERTIFICATED AEROPLANE</b>					
<b>RATING</b>				<b>OPERATING ROLE</b>	
SPA Type / Class Rating (please specify including variants):				SP:	MP:
					SP & MP:
Pass:		Partial Pass:		Fail:	
				Incomplete:	
Instrument Rating Type Specific (please specify including variants):				SP:	MP:
					SP & MP:
Pass:		Partial Pass:		Fail:	
				Incomplete:	
Instrument Rating – (stand-alone IR-SPA)				SE:	ME:
					SP & MP
Pass:		Partial Pass:		Fail:	
				Incomplete:	

<b>Skill Test / Proficiency Check Details</b>							
Date test completed		Location of Test:					
Off Chocks/Start:		On Chocks/Finish:		Total Time:			
Aircraft Registration and Type/Class used for Skill Test or Proficiency Check (please specify including variants):							
FSTD Identification Number of simulator used:							
Competent authority issuing qualification certificate for the simulator:							
<b>Result of test:</b>							
Pass:		Partial Pass:		Fail:		Incomplete:	
Expiry date of current rating:				New rating valid until:			
I have found the applicant's experience and instruction to comply with MCAR FCL.							
I confirm that all the required manoeuvres and exercises have been completed.							
I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).							
Examiner's Name (block capitals):					Examiner's Number:		
Authorising Competent Authority:							
Examiner's Signature:						Date:	
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>							
<b>3. INSTRUCTORS ASSESSMENT OF COMPETENCE TRI(A)/SFI(A) ONLY</b>							
<b>To be completed by examiner</b>							
TRI		SFI					
Date Assessment completed:		Location of Test:					
Off Chocks/Start:		On Chocks/Finish:		Total Time:			
Aeroplane Registration and Type/Class used for Assessment (please specify including variants):							
FSTD Identification Number of simulator used:							
Competent authority issuing qualification certificate for the simulator:							
<b>Result of test:</b>							
Pass:		Partial Pass:		Fail:		Incomplete:	
Expiry date of current Certificate:				New Instructors Certificate valid until:			
I have found the applicant's experience and instruction to comply with MCAR FCL.							
I confirm that all the required manoeuvres and exercises have been completed.							
I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).							
Examiner's Name (block capitals):					Examiner's Number:		
Authorising Competent Authority:							
Examiner's Signature:						Date:	
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>							

4. EXAMINERS ASSESSMENT OF COMPETENCE TRE(A)/SFE(A) ONLY					
To be completed by examiner					
TRE		SFE			
Date Assessment completed:		Location of Test:			
Off Chocks/Start:		On Chocks/Finish:		Total Time:	
Aeroplane Registration and Type/Class used for Assessment (please specify including variants):					
FSTD Identification Number of simulator used:					
Competent authority issuing qualification certificate for the simulator:					
<b>Result of test:</b>					
Pass:		Partial Pass:		Fail:	
Expiry date of current Certificate::				New Examiner's Certificate valid until:	
I have found the applicant's experience and instruction to comply with MCAR FCL.					
I confirm that all the required manoeuvres and exercises have been completed.					
I confirm that the applicant's theoretical knowledge has been confirmed by verbal examination (where applicable).					
Examiner's Name (block capitals):			Examiner's Number:		
Authorising Competent Authority:					
Examiner's Signature:					Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1					
5. TEST, CHECKS AND ASSESSMENTS OF COMPETENCE – NOTICE OF FAILURE					
To be completed by examiner					
<p>You are hereby notified that you have failed the .....for the following reasons</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>In accordance with MCAR FCL an Approved Training Organisation shall determine and deliver the required refresher/remedial training prior to the applicant re-attempting the skill test, proficiency check or assessment of competence. The applicant must provide evidence of this training to the examiner who conducts the next test, check or assessment of competence. Minimum training recommended by the Examiner: .....</p> <p>.....</p> <p><b>I understand that I have failed the items notified above.</b></p> <p>I understand that I may not exercise the privileges of my.....following the failure of this test, check or assessment of competence until the successful completion of training and a further test, check or assessment of competence.</p>					
<p><b>Maldives Civil Aviation Authority</b></p> <p>Any person who has failed any test or examination which he is required to pass before he is granted or may exercise the privileges of a personnel licence may within 14 days of being notified of his failure request that the MCAA determine whether the test or examination was properly conducted. In order to succeed the applicant will have to satisfy the MCAA that the examination or test was not properly conducted. Mere dissatisfaction with the result is not sufficient reason for appeal.</p>					
Applicant's Signature:					Date:
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1					