



## SEN Examiner's Report for Submission to the German Military Aviation Authority (LufABw)

Competence assessment for  initial examiner certificate  renewal  extension

Observation/assessment of activities as examiner for the purpose of revalidating the examiner certificate

As  SEN examiner  inspector of the competent authority, I hereby certify  
 for Mr./Mrs.

Last name, first name License License No.

Examiner No., if applicable

Examiner category:  Class/type, if applicable:

the following:

**1. Assessment of competence in accordance with (i.a.w.) FCL 1020 or FCL 1025 c)**

for  initial examiner certificate  renewal  extension of the examiner certificate

The assessment of competence was performed in accordance with the FCL requirements.

**Compliance with the FCL standards is hereby certified.** In my view, there are **no objections** to the recognition as examiner i.a.w. FCL requirements. **For a detailed assessment see page 3.**

In my view, there are **objections** to granting an examiner certificate i.a.w. FCL requirements. **For a detailed assessment see page 3.**

**2. Observation/assessment of activities as examiner i.a.w. FCL 1025 b) (3)**

for the **revalidation** of the valid examiner certificate No.

The activities as an FCL examiner have been performed under my observation. **Compliance with the FCL standards is hereby certified.** In my view, there are **no objections** to a revalidation of the above-mentioned examiner certificate. **For a detailed assessment see page 3.**

The minimum requirements for revalidating the examiner certificate (conduct of at least 2 examinations i.a.w. FCL per year of validity of the examiner certificate) were met at the time of observation of the activities as examiner:

In my view, there are **objections** to revalidating the above-mentioned examiner certificate. **For a detailed assessment see page 3.**

**I have assured myself of the fact that the above-mentioned applicant meets all Part-FCL requirements for issue or revalidation of the examiner certificate.**

**The mandatory copy of the cover sheet of the examiner's report on the examination/proficiency check/assessment of competence observed and assessed by me, including my attestation under the heading of "Remarks", has been attached to this document.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of flight (dd.mm.yyyy)	A/c identification or FSTD ID	Aerodrome/time of departure	Aerodrome/time of arrival	Flight time (hh:mm)

Last name, first name of SEN examiner Examiner No.

\_\_\_\_\_  
 Place Date Signature

For assessment and observation criteria, refer to the following pages. All 3 pages are to be completed!

Name of applicant:

**Important:** The pilot to be examined/checked holds a certificate i.a.w. the FCL requirements or is currently acquiring such a certificate.

With a focus on the aspects stated below, I have assessed the competence of Mr./Mrs. \_\_\_\_\_ as follows (tick as applicable):

**S**      **U**      (S = satisfactory      U = unsatisfactory)

- |                          |                          |   |                              |
|--------------------------|--------------------------|---|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Check whether the aircraft or FSTD is suited for the conduct of the examination.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Preparation of the examiner for the examination, preparation of the examination program.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Planning of the examination i.a.w. FCL requirements.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Determination of an adequate theoretical knowledge level of the pilot.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Supervision of the pilot's flight preparation.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Supervision of the determination of power settings and data, speeds, approach minima, etc.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Efforts by the examiner/examiner applicant to create a friendly atmosphere during the examination.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of the exercises performed i.a.w. the FCL criteria, possibly taking into account the current circumstances (e.g. turbulences, refer to AMC2 FCL.1015). |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Determination whether the examination/exercises is/are performed i.a.w. the flight manual.  |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Determination whether the examination/exercises is/are conducted i.a.w. the definitions in the operations manual of the organization.                             | <input type="checkbox"/> n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of the relevant examiner's report in its current version.*  | <input type="checkbox"/> n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | Contents of the examination/check i.a.w. Part-FCL (examiner's report).*   | <input type="checkbox"/> n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | Preparation of the examiner's report by the examiner.*  | <input type="checkbox"/> n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | Procedure of certificate revalidation with license entry.*  | <input type="checkbox"/> n/a |

\* Only in case of observation/assessment i.a.w. FCL.1025 b) (3) for the purpose of revalidating the examiner certificate (n/a = not applicable)

**If one or several of the above-mentioned focal aspects has/have been assessed as unsatisfactory (U), another assessment of competence will be required.**

**The SEN examiner is to send this 3-page report to LufABw 4 II a.**

Place

Date

Last name, first name of the SEN examiner

\_\_\_\_\_  
Signature

This page must in any case be completed and also be sent to the German Military Aviation Authority.

A detailed assessment of the applicant is to be prepared.

**Detailed assessment of the applicant, Mr./Mrs.**

:

Place

Date

Last name, first name of the SEN examiner

Examiner No.

\_\_\_\_\_  
**Signature**