

Simulator	Aircraft	Airports Simulated					Applicant	Left Seat	Right Seat	Rear	Sim. Panel	
Type:		Reg. No.		Location:			Check Pilot	Left Seat	Right Seat	Rear	Sim. Panel	
Landings:	Left Seat	Day		Right Seat	Day		Check Hours	IN		OUT		TOTAL Hrs
		Night			Night							

REMARKS BY DCP/INSTRUCTOR:

Note-1: Continuation may be done on extra sheet – if required. “SB” and/or “U” must be explained.

REMARKS BY CAA INSPECTOR (If Applicable)

CERTIFICATION & RECOMMENDATION:

Certified that above candidate's performance is

Satisfactory
Unsatisfactory

 and

Recommend
Not Recommend

 the following:

ISSUE	INST. RATING	CAPTAIN	EDTO	CAT - I	CAT - III a	
RENEWAL		CO-PILOT	RVSM	CAT - II	CAT - III b	

SIGNATURE OF APPLICANT

SIGNATURE OF CANDIDATE DCP

Certified that above check is conducted by Capt. _____
Licence Type & No. _____ in my presence and the candidate's performance is :

Satisfactory
Unsatisfactory

SIGNATURE (DCP/INSTRUCTOR)

N A M E

TYPE & LIC. NO.

SIGNATURE
CAA INSPECTOR / DE
(If Applicable)

N A M E

TYPE & LIC. NO.