

APPLICATION AND REPORT FORM FOR THE FI(B) ASSESSMENT OF COMPETENCE
ACCORDING TO AMC2 BFCL.345 and AMC3 BFCL.345 TO COMMISSION
REGULATION (EU) NO 2018/395 OF 13 MARCH 2018

A. To be completed by the examiner

<input type="checkbox"/> AoC, initial issue	<input type="checkbox"/> AoC, recency	Date of test
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B. To be completed by the applicant

Date of birth, yyyy-mm-dd		Licence no
State of licence issue		
Last name		First and middle names
Street or box		Country
Postcode	Town/city	
Telephone number	E-mail address	

Signature of applicant

Date	Signature of applicant
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Pre-course flying experience

Flying hours in different classes	Hot-air balloon	Gas balloon	Hot-air airship
PIC			
Total time			

Applicant verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315 (c),
See instructions, page 7

Class extension(s), tick as applicable

Hot-air balloons/Groups				<input type="checkbox"/> Gas balloons	<input type="checkbox"/> Hot-air airships
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D		

Additional privileges, tick as applicable

<input type="checkbox"/> Tethered hot-air balloon flight rating	<input type="checkbox"/> Night rating
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The documents shall be scanned as a PDF-file and sent by e-mail to: certifikat.w3d3@transportstyrelsen.se
or by mail to: Transportstyrelsen 601 73, Norrköping

C. To be completed by Training organisation

Pre-entry assessment

I recommend the following applicant for the FI(B) course

Last name		First and middle names	
Date of pre-entry assessment	Name of training organisation, ATO/DTO		
Name of HT of the training organisation ATO/DTO, capital letters			

Name, licence number and signature of the FI(B) conducting the flight assessment, if applicable

Name, capital letters		Licence number
Signature		

Declaration by the training organisation, ATO/DTO

I certify that that the applicant below has satisfactorily completed an approved course of training for the FI(B) certificate in accordance with the relevant syllabus.

Applicant's name			
Flying hours during the course		Take-offs during the course	
Date	Name of training organisation, ATO/DTO		
Name(s) of HT, printed name		Signature	

D. To be completed by the examiner

Result of the test	<input type="checkbox"/> Passed	<input type="checkbox"/> Partially passed	<input type="checkbox"/> Failed
Oral theoretical knowledge examination	<input type="checkbox"/> Passed	<input type="checkbox"/> Partially passed	<input type="checkbox"/> Failed
Practical part	<input type="checkbox"/> Passed	<input type="checkbox"/> Partially passed	<input type="checkbox"/> Failed

Temporary permission to exercise privileges issued

In case of fail, tick as applicable

I recommend further ground training before retest <input type="checkbox"/>	I recommend further flight training with an FI(B) before retest <input type="checkbox"/>	I do not consider further flight or theoretical instruction necessary before retest <input type="checkbox"/>
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I, the undersigning examiner:

- have received information from the applicant regarding their experience and instruction, and found that the experience and instruction comply with the applicable requirements of Annex III (Part-BFCL) to Regulation (EU) 2018/395;
- confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail; and
- where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate.

Date	Examiner's certificate number	Examiner's BPL number
Signature of examiner		Stamp/Examiner's name (capital letters)

E.a

Before Test

<input type="checkbox"/> Valid medical certificate class 1	<input type="checkbox"/> In case of non-Swedish examiner, required documentation attached, see page 7 section E.a. All pre-requisites checked, documented as required in section B and C, and confirmed. Sign, examiner
<input type="checkbox"/> Valid medical certificate class 2	
<input type="checkbox"/> Valid medical certificate LAPL	
Valid R/T certificate class	
<input type="checkbox"/> Swedish <input type="checkbox"/> English	
<input type="checkbox"/> Valid license	
<input type="checkbox"/> Valid language proficiency (Not mandatory)	
<input type="checkbox"/> Meets experience requirements for relevant instructor rating, initial issue	
<input type="checkbox"/> Personal identification card	
<input type="checkbox"/> Pre-entry test performed, initial issue of FI(B)	

E.b

Test lecture, subject
Flight Lesson 1
Flight Lesson 2, if pertinent

F.

Section 1 Oral theoretical knowledge examination		Instructor`s initials when training completed	Pass	Fail
1.1	Air law		<input type="checkbox"/>	<input type="checkbox"/>
1.2	Aircraft general knowledge		<input type="checkbox"/>	<input type="checkbox"/>
1.3	Flight performance and planning		<input type="checkbox"/>	<input type="checkbox"/>
1.4	Human performance and limitations		<input type="checkbox"/>	<input type="checkbox"/>
1.5	Meteorology		<input type="checkbox"/>	<input type="checkbox"/>
1.6	Navigation		<input type="checkbox"/>	<input type="checkbox"/>
1.7	Operational procedures		<input type="checkbox"/>	<input type="checkbox"/>
1.8	Principles of flight		<input type="checkbox"/>	<input type="checkbox"/>
1.9	Training administration		<input type="checkbox"/>	<input type="checkbox"/>
1.10	Assessment of a BPL student`s readiness for first solo flight		<input type="checkbox"/>	<input type="checkbox"/>
1.11	Particularities of pre-flight briefing prior to the first solo flight of a BPL student		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner`s initials when test section is completed		

Section 2		Instructor`s initials when training completed	Pass	Fail
Pre-Flight Briefing				
2.1	Visual presentation		<input type="checkbox"/>	<input type="checkbox"/>
2.2	Technical accuracy		<input type="checkbox"/>	<input type="checkbox"/>
2.3	Clarity of explanation		<input type="checkbox"/>	<input type="checkbox"/>
2.4	Clarity of Speech		<input type="checkbox"/>	<input type="checkbox"/>
2.5	Instructional technique		<input type="checkbox"/>	<input type="checkbox"/>
2.6	Use of models and aids		<input type="checkbox"/>	<input type="checkbox"/>
2.7	Student participation		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner`s initials when test section is completed		

Section 3		Instructor`s initials when training completed	Pass	Fail
Flight				
3.1	Arrangement of demonstration		<input type="checkbox"/>	<input type="checkbox"/>
3.2	Synchronisation of speech with demonstration		<input type="checkbox"/>	<input type="checkbox"/>
3.3	Correction of faults		<input type="checkbox"/>	<input type="checkbox"/>
3.4	Aircraft handling		<input type="checkbox"/>	<input type="checkbox"/>
3.5	Instructional technique		<input type="checkbox"/>	<input type="checkbox"/>
3.6	General airmanship and safety		<input type="checkbox"/>	<input type="checkbox"/>
3.7	Positioning and use of airspace		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner`s initials when test section is completed		

Section 4		Instructor`s initials when training completed	Pass	Fail
Post-Flight Debriefing				
4.1	Visual presentation		<input type="checkbox"/>	<input type="checkbox"/>
4.2	Technical accuracy		<input type="checkbox"/>	<input type="checkbox"/>
4.3	Clarity of explanation		<input type="checkbox"/>	<input type="checkbox"/>
4.4	Clarity of speech		<input type="checkbox"/>	<input type="checkbox"/>
4.5	Instructional technique		<input type="checkbox"/>	<input type="checkbox"/>
4.6	Use of models and aids		<input type="checkbox"/>	<input type="checkbox"/>
4.7	Student participation		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner`s initials when test section is completed		

G. Details of the flight

Registration of balloon	Class/group of balloon	
Take-off site	Take-off time	Landing time
Pilot in command (FE)	Number of flights	Total flight time

H. Remarks

Item no	Comment

I. Additional information regarding the test

J. Debriefing

Disagreements with or comments on examiner's report	
Date	Signature of applicant

Instructions for completing form TSL7748 Assessment of competence instructor balloon, initial and recency

- A.** Please tick the appropriate boxes. Do note that if an AoC is done with the sole purpose of extending the privileges to another type/class, where the applicant does not meet the experience requirements, you shall just tick "extension" and describe this purpose under point J "additional information".
- B.** Personal information of the applicant.
AMC1 ARA.GEN.315 Applicant VERIFICATION OF COMPLIANCE
 By ticking this box you certify that you: (1) do not hold any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State; (2) has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and (3) has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State. Incorrect information could disqualify you from being granted a personnel licence, certificate, rating, authorization or attestation
- C.** This section is to be completed by the Head of Training of the ATO/DTO. By signing the HT certifies that the applicant has satisfactorily completed an approved course of training for the FI(B) certificate in accordance with the relevant syllabus.
- D.** The result of the test.
 If fail in one of the sections, oral or practical, the test is partially passed. If fail in both sections the test is failed.

 By signing the examiner;

 - have received information from the applicant regarding their experience and instruction, and found that experience and instruction comply with the applicable requirements of Annex III (Part-BFCL) to Regulation (EU) 2018/395;

 - confirm that all the required manoeuvres and exercises have been completed, unless specified otherwise above in the case of fail;

 - where applicable, have reviewed and applied the national procedures and requirements of the applicant's competent authority which is different from the competent authority that issued my examiner certificate.
- E.a** This section is a checklist of prerequisites for the examiner to check before the test/check. Text within brackets () refers to the rating applied for. Please note that the examiner must sign and thus affirm that he has checked all prerequisites before the test. In case of non-Swedish examiner, the following attachments are required; The Examiners certificate documents including copy of the license and the medical certificate.
- E.b.** Enter the subject of the test lecture and the flight exercises conducted

 According to AMC2 BFCL.345(b) and (c); Section 1, the oral theoretical knowledge examination part of the assessment of competence, is divided into two parts:

 (1) The applicant is required to give a lecture under test conditions to other 'student(s)', one of whom will be the FE(B). The test lecture is to be selected from items of Section 1. The amount of time for the preparation of the test lecture is agreed upon beforehand with the FE(B). Appropriate literature may be used by the applicant. The test lecture should not exceed 45 minutes.
 (2) The applicant is tested orally by an FE(B) for knowledge of items of Section 1 and the core instructor competencies (teaching and learning content given in the FI(B) training course).

 Sections 2, 3 and 4 comprise exercises to demonstrate the ability to be an FI(B) (for example, instructor demonstration exercises) chosen by the FE(B) from the flight syllabus of the FI(B) training course. The applicant is required to demonstrate FI(B) abilities, including briefing, flight instruction and de-briefing
- F.** Protocol.
- G.** Details of the flight.
- H.** Comments regarding tested items, please indicate the item commented.
- I.** Any additional information regarding the conditions during test, etc.
- J.** Only required if disagreements or comments on Examiner's report/remarks is provided by the applicant.