

Contents of the skill test for the issue of a LAPL(B) (hot-air balloon) and a BPL (hot-air balloon)

(according to AMC2 FCL.125; FCL.235(d))

Circle **O** when item passed

Cross **X** when item failed

Applicant's first, last name(s): _____

SECTION 1 – PRE-FLIGHT OPERATIONS, INFLATION AND TAKE-OFF	
Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.	
a	Pre-flight documentation, flight planning, NOTAM and weather briefing
b	Balloon inspection and servicing
c	Load calculation
d	Crowd control, crew and passenger briefings
e	Assembly and layout
f	Inflation and pre-take-off procedures
g	Take-off
h	ATC compliance (if applicable)
SECTION 2 – GENERAL AIRWORK	
a	Climb to level flight
b	Level flight
c	Descent to level flight
d	Operating at low level
e	ATC compliance (if applicable)
SECTION 3 – EN-ROUTE PROCEDURES	
a	Dead reckoning and map reading
b	Marking positions and time
c	Orientation and airspace structure
d	Maintenance of altitude
e	Fuel management
f	Communication with retrieve crew
g	ATC compliance
SECTION 4 – APPROACH AND LANDING PROCEDURES	
a	Approach from low level, missed approach on fly on
b	Approach from high level, missed approach on fly on
c	Pre-landing checks
d	Passenger pre-landing briefing
e	Selection of landing field
f	Landing, dragging and deflation
g	ATC compliance (if applicable)
h	Actions after flight
SECTION 5 – ABNORMAL AND EMERGENCY PROCEDURES	
a	Simulated fire on the ground and in the air
b	Simulated pilot light and burner failures
c	Other abnormal and emergency procedures as outlined in the appropriate flight manual
d	Oral questions

COMPLETED BY EXAMINER		
FCL.1030(a)(1) , I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) , I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL for the issue, revalidation or renewal of the licence, rating or certificate for which the skill test, proficiency check or assessment of competence is taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) , I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3) , I have provided the applicant with a signed report of the skill test or proficiency check.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) , I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's licence is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiner Differences Document .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:		

Examiner's Name, Surname / Date / Signature		

COMPLETED BY APPLICANT
I understand and agree with all above mentioned information and have no objections.
In the event of a partial pass or fail: I <input type="checkbox"/> agree/ <input type="checkbox"/> disagree for re-examination with the same examiner.

Applicant's Name, Surname / Date / Signature

INTENTIONALLY LEFT BLANK