



Skill Test Schedule Request Form

for Flight Crew Licence/Rating Appointment with Examiner

APPLICANT NO.

1. Applicant Information

- 1.1 Applicant Name and Last Name:
1.2 The Licence Number of the Applicant:
1.3 Organisation:
1.4 Applicant's Phone Number and Email:

2. DCP/EXAMINER Information

- 2.1 Name of Examiner/DCP Requested:
2.2 DCP Certificate Number: PEL-
2.3 DCP Certificate Expiry Date:
2.4 DCP/EXAMINER's Phone Number and Email:

3. Type of Examination: (Mark "x" in the box)

<input type="checkbox"/>	3.1 Private Pilot Licence – Aeroplane	<input type="checkbox"/>	3.2 Private Pilot Licence – Helicopter
<input type="checkbox"/>	3.3 Commercial Pilot Licence – Aeroplane	<input type="checkbox"/>	3.4 Commercial Pilot Licence – Helicopter
<input type="checkbox"/>	3.5 Multi-crew Pilot Licence	<input type="checkbox"/>	3.6 Air Transport Pilot Licence – Aeroplane
<input type="checkbox"/>	3.7 Air Transport Pilot Licence – Helicopter	<input type="checkbox"/>	3.8 Class Rating – Single Engine Aeroplane
<input type="checkbox"/>	3.9 Class Rating - Multi Engine	<input type="checkbox"/>	3.10 Aeroplane Aircraft base training
<input type="checkbox"/>	3.11 Type Rating - Multi Engine	<input type="checkbox"/>	3.12 Instrument Rating
<input type="checkbox"/>	3.13 Pilot Proficiency Check	<input type="checkbox"/>	3.14 Check Airmen Proficiency Check
<input type="checkbox"/>	3.15 Instructor Pilot	<input type="checkbox"/>	3.16 Ground Instructor Proficiency Check
<input type="checkbox"/>	3.17 Flight Instructor Proficiency Check	<input type="checkbox"/>	3.18 Simulator Instructor Proficiency Check
<input type="checkbox"/>	3.19 Flight Examiner Rating	<input type="checkbox"/>	3.20 Flight Examiner Proficiency Check
<input type="checkbox"/>	3.21 Other, specify		

4. Examination Aircraft/Simulator Type:

5. Expected Skill Test Date:



CAAT(EX)/

Issue Date:

Dear Sir/Madam

This letter is a reference to application no: XXXXXXXXXX

The CAAT has checked the qualifications of the DCP-PEL-xxx of your request.

The DCP is qualified and assigned to perform the duties as Pilot Examiner for the skill-testing request above.

This document is issued as evidence of authorising the flight examiner/DCP whose certificate number shown in the form to conduct the skill test(s) per the CAAT-Pilot Examiner Manual.

The valid period of this authorisation is 30 days from the issuance date.

Signature

(Mr.)

Head of EX Division

Personnel Licensing Department

Remarks

- A. The skill test results must be submitted to CAAT **within seven days** after the test was conducted. This action is to comply with the Regulation of the Civil Aviation Authority of Thailand on the Appointment of Designated Check Pilot for Air Operator Certificate (AOC) Holders and Approved Training Organisations B.E. 2561
- B. For Skill Tests, number **3.1, 3.2, 3.3, 3.4, 3.5, 3.8, 3.9, 3.11, 3.12 and 3.15**. The DCP/Examiner shall submit the test results to **flighttest_result@caat.or.th** and CC to **aparat.y@caat.or.th** [Ms Aparat Y.]
- C. For Skill Tests, number **3.6, 3.7, 3.10, 3.13, 3.14, 3.16, 3.17, 3.18, 3.19, 3.20 and 3.21**. The DCP/Examiner shall submit the test results to **flighttest_result@caat.or.th** and CC to **thipsuda.j@caat.or.th** [Ms Thipsuda J.]