# IMPORTANT

Before completing this form, the notes of page 3 should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the licence. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of documents, records and the personal flying logbook.

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| SECTION 1 PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please) |

|  |  |
| --- | --- |
| Full Name (Surname first) | |
| Licence Number | and type of licence |
| Address to which licence is to be returned, | |
| and telephone number | |

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| SECTION 2 APPLICATION |

I apply to have the **BE20** aeroplane included in the Aircraft Rating of my Pilot’s Licence. I certify that the information provided on this form is true to the best of my knowledge and belief. The following is also attached in support of this application.

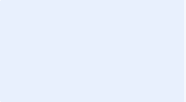
# Knowledge

Evidence of a pass in the CAAF approved **BE20** aeroplanetype rating examination.

**Fees -** Refer Civil Aviation (Fees and Charges) Regulation)

Type rating issue fee

Flight test fee (If test conducted by CAAF Examiner)

Signature  Date Click or tap to enter a date.

**ALLOW 3 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER**

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| SECTION 3 DECLARATION OF TRAINING AND PROFICIENCY |

This applicant has satisfactorily completed a course integrating ground and flying training on **BE20** aeroplane and has demonstrated a satisfactory level of proficiency to Authorised Examiners in this aeroplane for the particular purpose in each test certified overleaf (the boxed items being completed on date Click or tap to enter a date. and in the following aspects of operation

3.1 Use of all the equipment, fitted to this aircraft, which is the responsibility of the Flight Crew.

3.2 Performance of normal, abnormal, alternate and emergency drills appropriate to the Flight Crew duties as defined in the relevant Flight and/or Company Operations Manual.

Signature  Date Click or tap to enter a date.

|  |  |
| --- | --- |
| Pilot in charge of training for       Company | |
| Name (in BLOCK CAPITALS) | Licence No. and Type |

|  |  |  |
| --- | --- | --- |
|  |  | **Calculation** |
| **Fee** |  |  |
| Part: |  |  |
| Item: |  |  |
|  |  |  |
| Time: From |  |  |
| To |  |  |
|  |  |  |
| Travel: From |  |  |
| To |  |  |
| Transport |  |  |
| Accommodation |  |  |
| Overhead |  |  |
| Receipt No. |  |  |
| Date : Click or tap to enter a date. | | |

# FOR OFFICIAL USE ONLY

|  |
| --- |
| Examiner authority checked |
|  |
| ACCEPT |
|  |
| REJECT because |
|  |
| Signature |
|  |
| Date Click or tap to enter a date. |

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| SECTION 4 CERTIFICATE OF TEST FOR AIRCRAFT TYPE RATING ON A PROFESSIONAL PILOT’S LICENCE (AEROPLANES) |

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct such Aircraft Rating Pilot/CoPilot tests, hereby certify that I have flown in a BE20 aeroplane or CAAF approved simulator with       at the controls and that the applicant carried out satisfactorily\* and unassisted, under the conditions stated, the manoeuvres and drills against which my signature appears below, together with my name in BLOCK CAPITALS beneath the signature.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | Date  of test | A/c Reg. or  Sim Code | **EXAMINERS** | | |
| Signature & Date of Sig.  (name once in capitals please) | Licence No. | |
| **4.1** | | **By Day or Night in aeroplane in flight or in a simulator approved by the CAAF for the specified item** | | | | | | |
| 4.1.1 | | Normal T/O visual circuit with no glide slope | | Click or tap to enter a date. |  |  |  | |
| 4.1.2 | | Incapacitation of PF. Single pilot circuit and land | | Click or tap to enter a date. |  |  |  | |
| 4.1.3 | | T/O Engine fire after V2. One engine ILS Missed approach | | Click or tap to enter a date. |  |  |  | |
| 4.1.4 | | Single engine approach. Circuit and land | | Click or tap to enter a date. |  |  |  | |
| 4.1.5 | | Low visibility T/O. SID departure | | Click or tap to enter a date. |  |  |  | |
| 4.1.6 | | TCAS event’ on climb to FL250 | | Click or tap to enter a date. |  |  |  | |
| 4.1.7 | | Decompression and emergency descent. | | Click or tap to enter a date. |  |  |  | |
| 4.1.8 | | Approach to stall and recovery. Clean and landing configeration | | Click or tap to enter a date. |  |  |  | |
| 4.1.9 | | DME Arc approach for VOR to minimum | | Click or tap to enter a date. |  |  |  | |
| 4.1.10 | | Cross wind Landing | | Click or tap to enter a date. |  |  |  | |
| 4.1.11 | | Hydraulic non normal | | Click or tap to enter a date. |  |  |  | |
| 4.1.12 | | Non-Normal on landing/Evacuation on runway. | Click or tap to enter a date. |  |  | |  |
| 4.1.13 | | Rejected T/O before V1 (At anytime). | Click or tap to enter a date. |  |  | |  |
| 4.1.14 | | Airmanship/CRM. | Click or tap to enter a date. |  |  | |  |

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| SECTION 5 FLYING EXPERIENCE |

I have had the following flying experience on the **BE20** aeroplane as recorded in my personal Pilot’s Flying Logbook:

|  |  |  |  |
| --- | --- | --- | --- |
| 5.1 | Type Conversion training: | Aeroplane Hours | Simulator Hours |
|  |  |  |  |
|  | Handling |  |  |

Signed  Date Click or tap to enter a date.

|  |  |
| --- | --- |
| Certified correct | Training Manager for |
|  | |
| Name in BLOCK CAPITALS | Licence no. and type |

# GENERAL NOTES

1 ‘Night’ means the hours between 15 minutes after sunset and 15 minutes before sunrise.

2 ‘A circuit’ is the flight path around an aerodrome at a specified height which facilitates an aircraft’s positioning from a point on the take-off path of a given runway to a point, on the approach path of the same runway, from which a landing can be made.

3 ‘Satisfactorily’ means that the applicant is in full control of his aeroplane at all times, and that the successful outcome of a manoeuvre is never in doubt. ‘Unassisted’ means without verbal prompting or physical assistance with the flying controls.

4 In the aeroplane ‘Simulated engine failure’ means with thrust lever set to idle so as to represent a failed engine as nearly as possible. In the flight simulator any approved method for simulating engine failure may be used. The accelerate-stop tests required by this Form should be carried out as follows :

1. In the aeroplane, simulated engine failure should be initiated at a speed, which will not hazard the safety of the aircraft.

2. Simulated engine failure for abort drills should be initiated at a speed which is close to V1 but which is sufficiently below to require a decision to stop, e.g. V1 -5 or -10 knots.

5 Emergency descent procedure should be carried out in the air by announcing a pressurisation failure, donning masks, carrying out touch drills and descending the aeroplane through a representative height band.

6 Endorsement of the licence will date from the completion of these tests. A flight simulator must be specifically authorised before testing boxed items during the initial ratings on type.

7 Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the aeroplane used for this test may sign for the satisfactory completion of any test on this form.

8 Certain items of this test may be carried out on an appropriate flight simulator which has been specifically approved for them. Items so approved are enumerated in the relevant flight simulator approval, which also shows the Simulator Code for column 3.

9. This issue of CAAF Form **PL 105AB** is for use in respect of all **BE20** aeroplanes. Applications for the supply of this form should be made to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, Telephone (679) 8923155 or CAAF website [www.caaf.org.fj](http://www.caaf.org.fj)