



# ÚŘAD PRO CIVILNÍ LETECTVÍ

## CAA-F-ZLP-001-025

### TEMPORARY PERMISSION TO EXERCISE PRIVILEGES

According to Article 1 paragraph 3(c) of the Basic Regulation (EU) No. 2018/1139 and ARA.FCL.215(d) of the Regulation (EU) No. 1178/2011. This temporary permission can only be issued for type ratings and the SET (land) class rating and is valid for 8 weeks from the date of the skill test / proficiency check.

#### I. APPLICANT'S DETAILS:

Applicant's Last (Family) Name(s):

Applicant's First (Given) Name(s):

Type and No. of Licence Held:

#### II. CLASS OR TYPE RATING ENDORSEMENT:

Aeroplane:

☐

Helicopter:

☐

Single-pilot:

☐

Multi-pilot:

☐

Instrument rating:

☐

Licence endorsement to be issued:

(type ratings or the SET (land) class rating only)

(based on [EASA Class and Type Ratings and Endorsement List](#)):

Date of test / check:

Valid for 8 weeks from the date of the skill test / proficiency check.

Medical certificate (class according to the pilot licence):

Class:

Valid till:

#### III. DECLARATION OF THE EXAMINER:

I hereby declare that at the time of the examination the applicant fulfils the following requirements for the issue of this temporary permission:

- The applicant holds a valid licence issued by the CAA Czech Republic and a valid medical certificate;
- The applicant meets the requirements for the relevant SET land / type rating endorsement except take-offs and landings training (base training), if required;
- If applicable, the applicant has completed all elements of the relevant SET land / type rating Course except take-offs and landings training (base training);
- The applicant has passed the respective test/ check.

• Is the flight training described in Part IV of this form required for the issuance of the rating? YES: ☐ / NO: ☐

Name of Examiner  
(in capital letters):

Examiner's signature:

Examiner's  
Certificate Number:

Type and Number  
of Examiner's Licence:

#### IV. DECLARATION OF THE INSTRUCTOR:

I hereby declare that the applicable take-offs and landings training has been completed successfully.

Type of the training:

ZFTT: ☐

Base training (6 landings): ☐

Base training (4 landings): ☐

Name of Instructor  
(in capital letters):

Type and Number  
of Instructor's Licence:

Instructor's signature:

#### V. DECLARATION OF THE APPLICANT:

I hereby confirm that I have fully understood the following stipulations:

- This document shall be carried together with the related examiner's report (Application and Report Form).
- This temporary permission is valid for 8 weeks from the date of the Skill Test / Proficiency Check.
- The rights arising from this document may only be exercised after declaration by the examiner and instructor (items 3 & 4).

Date:

Applicant's Signature: