CIVIL AVIATION AUTHORITY
CZECH REPUBLIC
CAA-F-ZLP-007-0-21
Flight Division

EXAMINER REPORT – FAILURE OF FLIGHT TEST OR CHECK

1	**Applicant's Details:**
Applicant's Last Name:	
Applicant's First Name:	
Applicant's Date of Birth:	
Type and No. of Licence Held:	

2	**Type of Test / Check:**	
☐ Initial	☐ Revalidation	☐ Renewal
Type of Test / Check:		
Class and Type of Aeroplane:	Registration:	
FSTD Type and Letter Code:	Total Flight Time:	
Date:	Place of Skill Test / Check:	

3	**Reason why Failed:**	
Section:	Subsection:	Reason why failed:

4	**Additional Training Requirement:**	
☐ Mandatory	☐ Recommended	☐ None
Flight Time:	FSTD Time:	
Details of Further Training Requirements:		

Name of Examiner:	Examiner's Certificate Number:
Signature of Examiner:	Date:

I hereby acknowledge, I failed at above stated sections and subsections and may not exercise the privileges of the rating.

Signature of Applicant:	Date: