Subject : 062 - RADIO NAVIGATION						
Theoretical knowledge examination						
Exam length, total questions and distribution of questions						
	ATPL(A)	CPL(A)	ATPL(H)/IR	ATPL(H)	CPL(H)	IR (A) & (H)
Time allowed	1:30	0:30	1:30	1:00	0:30	1:00
Distribution of questions with regard to the topics of the syllabus						
062 01	07	04	07	05	04	02
02	21	12	21	15	12	23
03	12	02	12	08	02	05
04	XX	XX	XX	XX	XX	XX
05	15	XX	15	10	XX	10
06	11	04	11	06	04	04
Total questions	66	22	66	44	22	44

Subject : 070 OPERATIONAL PROCEDURES						
Theoretical knowledge examination						
Exam length, total questions and distribution of questions						
	ATPL(A)	CPL(A)	ATPL(H)/IR	ATPL(H)	CPL(H)	IR(A) & (H)
Time allowed	1:15	0:45	1:00	1:00	0:45	XX
Distribution of questions with regard to the topics of the syllabus						
071 01	25	18	18	18	14	XX
02	20	12	14	14	12	XX
03	XX	XX	06	06	04	XX
Total questions	45	30	38	38	30	XX

Subject : 081 PRINCIPLES OF FLIGHT (AEROPLANES)						
Theoretical knowledge examination						
Exam length, total questions and distribution of questions						
	ATPL (A)	CPL (A)	ATPL (H)/IR	ATPL (H)	CPL (H)	IR (A) & (H)
Time allowed	1:00	0:45	XX	XX	XX	XX
Distribution of questions with regard to the topics of the syllabus						
081 01	17	14	XX	XX	XX	XX
02	06	XX	XX	XX	XX	XX
03	XX	XX	XX	XX	XX	XX
04	06	06	XX	XX	XX	XX
05	04	03	XX	XX	XX	XX
06	03	03	XX	XX	XX	XX
07	04	03	XX	XX	XX	XX
08	04	04	XX	XX	XX	XX
Total questions	44	33	XX	XX	XX	XX

Subject : 082 PRINCIPLES OF FLIGHT (HELICOPTERS)						
Theoretical knowledge examination						
Exam length, total questions and distribution of questions						
	ATPL(A)	CPL(A)	ATPL(H)/IR	ATPL(H)	CPL(H)	IR(A) & (H)
Time allowed	XX	XX	1:00	1:00	1:00	XX
Distribution of questions with regard to the topics of the syllabus						
082 01	XX	XX	05	05	05	XX
02	XX	XX	03	03	03	XX
03	XX	XX	01	01	01	XX
04	XX	XX	12	12	12	XX
05	XX	XX	10	10	10	XX
06	XX	XX	05	05	05	XX
07	XX	XX	05	05	05	XX
08	XX	XX	03	03	03	XX
Total questions	XX	XX	44	44	44	XX

Subject : 091 VFR COMMUNICATION
Theoretical knowledge examination
Exam length, total questions and distribution of questions

	ATPL(A)	CPL(A)	ATPL(H)/IR	ATPL(H)	CPL(H)	IR(A)& (H)
Time allowed	00:30	00:30	00:30	00:30	00:30	XX
Distribution of questions with regard to the topics of the syllabus						
091 01	05	05	05	05	05	XX
02	11	11	11	11	11	XX
03	02	02	02	02	02	XX
04	02	02	02	02	02	XX
05	02	02	02	02	02	XX
06	02	02	02	02	02	XX
Total :	24	24	24	24	24	XX

Subject : 092 IFR COMMUNICATION
Theoretical knowledge examination
Exam length, total questions and distribution of questions

	ATPL(A)	CPL(A)	ATPL(H)/IR	ATPL(H)	CPL(H)	IR(A) & (H)
Time allowed	00:30	XX	00:30	XX	XX	00:30
092 01	05	XX	05	XX	XX	05
02	11	XX	11	XX	XX	11
03	02	XX	02	XX	XX	02
04	02	XX	02	XX	XX	02
05	02	XX	02	XX	XX	02
06	02	XX	02	XX	XX	02
07	XX	XX	XX	XX	XX	XX
Total :	24	XX	24	XX	XX	24

SUBPART CC – SPECIFIC REQUIREMENTS RELATING TO CABIN CREW

SECTION I – ORGANISATIONS PROVIDING CABIN CREW TRAINING OR ISSUING CABIN CREW ATTESTATIONS

AMC1-AR.CC.100(b) Approval of organisations to provide cabin crew training or to issue cabin crew attestations

PERSONNEL CONDUCTING EXAMINATIONS AND CHECKING

The personnel conducting the examination and/or checking required in Part-CC for the issue of cabin crew attestations should not be the persons that conducted the training. When this condition cannot be met, the competent authority should verify that appropriate alternative conditions are in place to avoid conflict of interest that could affect the judgment of the personnel conducting the examination and checking and/or the results of the examination and checking.

SUBPART ATO – SPECIFIC REQUIREMENTS RELATED TO APPROVED TRAINING ORGANISATIONS (ATOS)

SECTION I - GENERAL

AMC1-AR.ATO.105 Oversight Programme

GENERAL

1. The audit or inspection of an ATO should be conducted on the basis of checking the facility for compliance, interviewing personnel and sampling any relevant training course for its conduct and standard.
2. Such an audit or inspection should focus in addition to the items required in AMC1-AR.GEN.310 on:
   a. information on flight instructors, validity of licences, certificates, ratings, and log books;
   b. evidence of sufficient funding;
   c. training aircraft in use, including their registration, associated documents and maintenance records;
   d. aerodromes, heliports and associated facilities;
   e. facilities with regard to their adequacy to the courses being conducted and number of students;
   f. flight simulation training devices, including their qualification certificates, associated documents and maintenance records;
   g. documentation, in particular documents related to courses, information on the updating system, and training and operations manual;
   h. training records and checking forms; and
   i. flight instruction, including pre-briefing, actual flight and debriefing.

AMC1-AR.ATO.120 Record-keeping

FSTDS

Records relating to FSTDs should include, as a minimum:

1. the application for an FSTD qualification;
2. the FSTD qualification certificate including any changes;
3. a copy of the evaluation programme listing the dates when evaluations are due and when evaluations were carried out;
4. initial and recurrent evaluation records;
5. copies of all relevant correspondence;
6. details of any exemption and enforcement actions; and
7. any report from other competent authorities relating to initial and recurrent evaluations.

SECTION II - FLIGHT SIMULATION TRAINING DEVICE (FSTD) QUALIFICATIONS

AMC1-AR.ATO.200(a)(1) Initial evaluation procedure

ASSESSMENT PROCESS LEADING TO THE ISSUE OF AN FSTD QUALIFICATION

1. An FSTD will require evaluation leading to qualification. The required process should be accomplished in two distinct steps. First, a check should be made to determine whether or not the FSTD complies with the applicable requirements. When making this check, the competent authority should ensure that accountability for the issue of an FSTD qualification is clearly defined. In all cases an individual department manager of the competent authority should be appointed under whose personal responsibility the issue of an FSTD qualification is to be considered. The second step should be the grant (or refusal) of an FSTD qualification.
2. When checking compliance with the applicable requirements, the competent authority should ensure that the following steps are taken:
   a. Once an FSTD is contracted to be built, the organisation that is to operate the FSTD has the responsibility to ensure that the regulatory standard upon which the FSTD will eventually be qualified against is acceptable to the competent authority. This should be the current applicable version of CS-FSTD(A) or CS-FSTD(H) at the time of application.
   b. A written application for an FSTD qualification should be submitted, in a format according to OR.ATO.350, at least three months before the date of intended operation except that the Qualification Test Guide may be submitted later, but not less than 30 days before the date of intended evaluation. The application form should be printed in English and any other language(s) of the competent authority's choosing.
   c. An individual should be nominated by the department manager of the competent authority to oversee, and become the focal point for, all aspects of the FSTD qualification process, and to coordinate all necessary activity. The nominated person should be responsible to the department manager for confirming that all appropriate evaluations/inspections are made.
   d. The ability of the applicant to secure, in compliance with the applicable requirements and certification specifications, the safe and reliable operation and proper maintenance of the FSTD should be assessed.
   e. The applicant's proposed compliance monitoring system should be scrutinised with particular regard to the allocated resources. Care should be taken to verify that the system is comprehensive and likely to be effective.
   f. The competent authority should inform the applicant of its final decision concerning the qualification within 14 days of completion of the evaluation process irrespective of any temporary qualification issued.
   g. On completion of the evaluation process, the application, together with a written recommendation and evidence of the result of all evaluations or assessments, should be presented to the nominated person responsible for FSTD qualification. The presentation should be made by the person with overall responsibility, nominated in accordance with point c. above.
   h. The department manager of the competent authority should only issue an FSTD qualification certificate if he/she is completely satisfied that all requirements have been met. If he/she is not satisfied, the applicant should be informed in writing of the improvements which are required in order to satisfy the competent authority.
   i. Should an application for an FSTD qualification be refused, the applicant should be informed of such rights of appeal as exist under national regulations.

AMC2-AR.ATO.200(a)(1) Initial evaluation procedure

GENERAL

1. During initial and recurrent FSTD evaluations it should be necessary for the competent authority to conduct an appropriate sample of the Objective and Subjective tests described in Part-OR and detailed in CS-FSTD(A) and CS-FSTD(H), as applicable. There may be occasions when all tests cannot be completed – for example during recurrent evaluations on a convertible FSTD – but arrangements should be made for all tests to be completed within a reasonable time.
2. Following an evaluation, it is possible that a number of defects are identified. Generally, these defects should be rectified and the competent authority notified of such action within 30 days. Serious defects, which affect flight crew training, testing and checking, could result in an immediate downgrading of the qualification level I If any defect remains unattended without good reason for a period greater than 30 days, subsequent downgrading may occur or the FSTD qualification could be revoked.
3. For the evaluation of an FSTD the standard form as mentioned in AMC5-AR.ATO.200(a)(1) should be used.

AMC3-AR.ATO.200(a)(1) Initial evaluation procedure

INITIAL EVALUATION

1. The main focus of objective testing is the Qualification Test Guide (QTG). Well in advance of the evaluation date, the aircraft manufacturer and the competent authority should agree on the content and acceptability of the validation tests contained in the QTG data package. This will ensure that the content of the QTG is acceptable to the competent authority and avoid time being wasted during the initial qualification. The acceptability of all tests depends upon their content, accuracy, completeness and recency of the results.
2. Much of the time allocated to objective tests depends upon the speed of the automatic and manual systems set up to run each test and whether or not special equipment is required. The competent authority should not necessarily warn the organisation operating an FSTD of the sample validations tests which should be run on the day of the evaluation, unless special equipment is required.
3. It should be remembered that the FSTD cannot be used for subjective tests while part of the QTG is being run. Therefore, sufficient time (at least eight consecutive hours) should be set aside for the examination and running of the QTG.
4. The subjective tests for the evaluation can be found in CS-FSTD(A) or CS-FSTD(H), and a suggested subjective test profile is described in AMC1-AR.ATO.200(a)(3). Essentially, one working day should be required for the subjective test routine, which effectively denies use of the FSTD for any other purpose.
5. To ensure adequate coverage of subjective and objective tests and to allow for cost effective rectification and re-test before departure of the inspection team, adequate time (up to three consecutive days) should be dedicated to an initial evaluation of an FSTD.

AMC4-AR.ATO.200(a)(1) Initial evaluation procedure

COMPOSITION OF THE EVALUATION TEAM

1. The competent authority should appoint a technical team to evaluate an FSTD in accordance with a structured routine to gain a qualification level. The team should normally consist of at least the following personnel:
    a. A technical FSTD inspector of the competent authority, or an accredited inspector from another competent authority, qualified in all aspects of flight simulation hardware, software and computer modelling or, exceptionally, a person designated by the competent authority with equivalent qualifications; and
    b. One of the following:

i. A flight inspector of the competent authority, or an accredited inspector from another competent authority, who is qualified in flight crew training procedures and holds a valid type rating on the aeroplane/helicopter (or for FNPT and BITD, class rated on the class of aeroplane/type of helicopter) being simulated; or

ii. A flight inspector of the competent authority who is qualified in flight crew training procedures, assisted by a type rating instructor holding a valid type rating on the aeroplane/helicopter (or for FNPT and BITD, class rated on the class of aeroplane/type of helicopter) being simulated; or, exceptionally,

iii. A person designated by the competent authority who is qualified in flight crew training procedures and holds a valid type rating on the aeroplane/helicopter (or for FNPT and BITD, class rated on the class of aeroplane/type of helicopter) being simulated and sufficiently experienced to assist the technical team. This person should fly out at least part of the functions and subjective test profiles.

c. Where a designee is used as a substitute for one of the competent authority's inspectors, the other person shall be a properly qualified inspector of the competent authority or an accredited inspector from another Member State's competent authority.

2. For an FTD level 1 and FNPT Type I, one suitably qualified inspector may combine the functions in points 1.a. and 1.b. above.

3. For a BITD this team should consist of an inspector from a competent authority and one from another competent authority, including the manufacturer‛s competent authority, if applicable.

4. Additionally, the following persons should be present:

a. For FFS, FTD and FNPT a type or class rated instructor from the ATO operating an FSTD or from the main FSTD user.

b. For all types, sufficient FSTD support staff to assist with the running of tests and operation of the instructor's station.

AMC5-AR.ATO.200(a)(1) Initial evaluation procedure

FSTD EVALUATION REPORT FOR INITIAL AND RECURRENT EVALUATION

FSTD Evaluation Report

Date:……..

[competent authority]
FSTD EVALUATION REPORT

[Member State] FSTD code (if applicable):
EASA FSTD code (if applicable):
Aircraft type and variant:
Class of aeroplane / type of helicopter:
Engine fit(s) simulated:
Contents

1. Flight Simulation Training Device (FSTD) characteristics
2. Evaluation details
3. Supplementary information
4. Training, testing and checking considerations
5. Classification of items
6. Results
7. Evaluation team

This report is provisional

The conclusions presented are those of the evaluation team. The competent authority reserves the right to change these after internal review. The qualification certificate finalises the evaluation report, unless a modified report has been issued.

1. Flight Simulation Training Device (FSTD)	
(a) Organisation operating the FSTD:	
(b) FSTD Location:	
(c) FSTD Identification (Member State FSTD code / EASA FSTD Code):	
(d) FSTD Manufacturer and FSTD Identification serial number:	
(e) First entry into service (month/year):	
(f) Visual system (manufacturer and type):	
(g) Motion system (manufacturer and type) :	
(h) Aircraft type and variant:	
(i) Engine fit(s):	
(k) Engine instrumentation: **Flight instrumentation:**	
2. Evaluation details	
(a) Date of evaluation:	(b) Date of previous evaluation:
(c) Type of evaluation: ☐ initial ☐ recurrent ☐ special	
(d) FSTD Qualification Level recommended: FFS ☐ A ☐ B ☐ C ☐ D ☐ AG ☐ BG ☐ CG ☐ DG ☐ SC FTD ☐ 1 ☐ 2 ☐ 3 FNPT ☐ I ☐ II ☐ III ☐ MCC BITD ☐	

Technical criteria primary reference document:	
Validation Data Roadmap (VDR) ID-No.:	
3. Supplementary information	
Company representative(s) (FSTD operator, Main FSTD user)	
FSTD Seats available	
Visual databases used during evaluation	
Other	
4. Training, testing and checking considerations	
CAT I RVR m DHft	
CAT II RVR m DHft	
CAT III RVR m DH ft (lowest minimum)	
LVTO RVR m	
Recency	
IFR-Training/Check	
Type Rating	
Proficiency Checks	
Autocoupled Approach	
Autoland/Roll Out Guidance	
ACAS I / II	
Windshear Warning System/Predictive Windshear	
WX-Radar	
HUD/HUGS	
FANS	
GPWS/EGPWS	
ETOPS Capability	
GPS	
Other	

5. Guidance Material

5.1 Classification of items

UNACCEPTABLE

An item which fails to comply with the required standard and, therefore, affects the level of qualification or the qualification itself. If these items will not be corrected or clarified within a given time limit, the *(competent authority)* should have to vary, limit, suspend or revoke the FSTD qualification.

RESERVATION

An item where compliance with the required standard is not clearly proven and the issue will be reserved for a later decision. Resolution of these items will require either:

1. a *competent authority* policy ruling; or
2. additional substantiation.

UNSERVICEABILITY

A device which is temporarily inoperative or performing below its nominal level.

LIMITATION

An item which prevents the full usage of the FSTD according to the training, testing and checking considerations due to the unusable devices, systems or parts thereof.

RECOMMENDATION FOR IMPROVEMENT

An item which meets the required standard, but where considerable improvement is strongly recommended.

COMMENT

Self-explanatory

5.2 Period of Rectification

Reference: AMC2-AR.ATO.200(a)(1) section 2.

Following an evaluation, it is possible that a number of defects are identified. Generally, these defects should be rectified and the competent authority notified of such action within 30 days. Serious defects, which affect flight crew training, testing and checking, could result in an immediate downgrading of the qualification level, or if any defect remains unattended without good reason for period greater than 30 days, subsequent downgrading may occur or the FSTD qualification could be revoked.

6. Results

6.1 Subjective/Functional

	A Unacceptable
1	

	B Reservation
1	

	C Unserviceability
1	

	D Restriction
1	

	E Recommendation for improvement
1	

	F Comment
1	

6.2 Objective

	A Unacceptable
1	

	B Reservation
1	

	E Recommendation for improvement
1	

	F Comment
1	

7. Evaluation Team

Name	**Position**	**Organisation**	**Signature**
	Technical Inspector or person designated by the		

	competent authority		
	Flight Inspector or person designated by the competent authority		
		[FSTD User]	
		[Organisation operating the FSTD]	

Signed: ……For the competent authority

GM1-AR.ATO.200(a)(1) Initial evaluation procedure

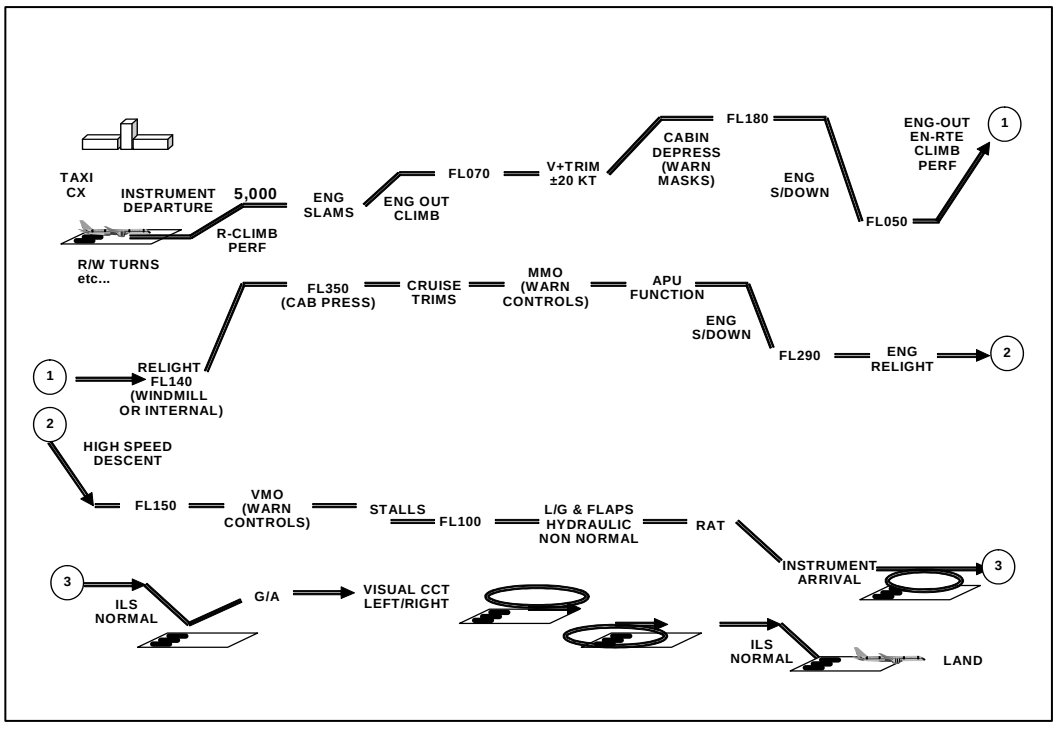
INITIAL EVALUATION

A useful explanation of how the validation tests should be run is contained in the 'RAeS Aeroplane Flight Simulator Evaluation Handbook' (February 1995 or as amended) produced in support of the ICAO Doc 9625, 'Manual of Criteria for the Qualification of Flight Simulators'.

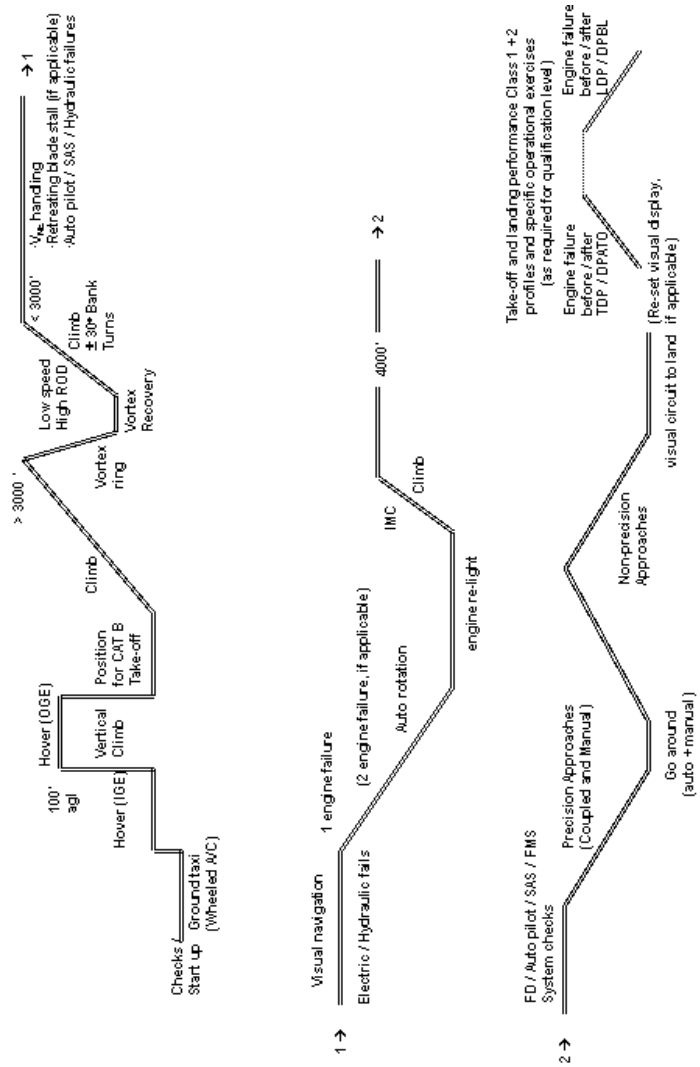
AMC1-AR.ATO.200(a)(3) Initial evaluation procedure

FUNCTIONS AND SUBJECTIVE TESTS – SUGGESTED TEST ROUTINE

1. During initial and recurrent evaluations of an FSTD, the competent authority should conduct a series of functions and subjective tests that together with the objective tests complete the comparison of the FSTD with the aircraft, the class of aeroplane or type of helicopter.
2. Functions tests verify the acceptability of the simulated aircraft systems and their integration. Subjective tests verify the fitness of the FSTD in relation to training, checking and testing tasks.
3. The FSTD should provide adequate flexibility to permit the accomplishment of the desired and required tasks while maintaining an adequate perception by the flight crew that they are operating in a real aircraft environment. Additionally, the Instructor Operating Station (IOS) should not present an unnecessary distraction from observing the activities of the flight crew whilst providing adequate facilities for the tasks.
4. It is important that both the competent authority and the organisation operating an FSTD understand what to expect from the routine of FSTD functions and subjective tests. Part of the subjective tests routine for an FSTD should involve an uninterrupted fly-out (except for FTD level 1) comparable with the duration of typical training sessions in addition to assessment of flight freeze and repositioning. An example of such a profile is to be found under points 6 and 7 (for BITD point 8) below.
5. The competent authorities, and organisations operating FSTD, who are unfamiliar with the evaluation process should contact the Agency or the competent authority of another Member State with adequate expertise in this field.
6. Typical test profile for an FSTD aeroplane:



7. Typical test profile for an FSTD helicopter:



8. Typical subjective test profile for BITDs (approximately two hours) - items and altitudes, as applicable:
   a. instrument departure, climb performance,
   b. level-off at 4 000 ft,
   c. fail engine (if applicable),
   d. engine out climb to 6 000 ft (if applicable),
   e. engine out cruise performance (if applicable), restart engine,
   f. all engine cruise performance with different power settings,
   g. descent to 2 000 ft,
   h. all engine performance with different configurations, followed by ILS approach,
   i. all engine go-around,
   j. non-precision approach,
   k. go-around with engine failure (if applicable),
   l. engine out ILS approach (if applicable),
   m. go-around engine out (if applicable),

n. non-precision approach engine out (if applicable), followed by go-around,
o. restart engine (if applicable),
p. climb to 4 000 ft,
q. manoeuvring,
r. normal turns left and right,
s. steep turns left and right,
t. acceleration and deceleration within operational range,
u. approaching to stall in different configurations,
v. recovery from spiral dive,
w. auto flight performance (if applicable),
x. system malfunctions,
y. approach.

GM1-AR.ATO.200(a)(3) Initial evaluation procedure

GENERAL

A useful explanation of functions and subjective tests and an example of subjective test routine check-list may be found in the 'RAeS Airplane Flight Simulator Evaluation Handbook' Volume II (February 1995 or as amended) produced in support of ICAO Doc 9625, 'Manual of Criteria for the Qualification of Flight Simulators'.

AMC1-AR.ATO.210 Issue of an FSTD qualification certificate

BASIC INSTRUMENT TRAINING DEVICE (BITD)

1. The competent authority should only grant a BITD qualification for the BITD model to a BITD manufacturer following satisfactory completion of an evaluation.
2. This qualification should be valid for all serial numbers of this model without further technical evaluation.
3. The BITD model should be clearly identified by a BITD model number. A running serial number should follow the BITD model identification number.
4. The competent authority should establish and maintain a list of all BITD qualifications it has issued, containing the number of the BITD model with a reference to the hardware and software configuration.

AMC1-AR.ATO.220 Continuation of an FSTD qualification

GENERAL

1. *Objective Testing*. During recurrent evaluations, the competent authority should wish to see evidence of the successful running of the QTG between evaluations. The competent authority should select a number of tests to be run during the evaluation, including those that may be cause for concern. Again adequate notification would be given when special equipment is required for the test.
2. Essentially the time taken to run the objective tests depends upon the need for special equipment, if any, and the test system, and the FSTD cannot be used for subjective tests or other functions whilst testing is in progress.
3. For a modern FSTD incorporating an automatic test system, four hours would normally be required. FSTDs that rely upon manual testing may require a longer period of time.
4. *Subjective Testing*. Essentially the same subjective test routine should be flown as per the profile described in AMC1- AR.ATO.200(a)(3) with a selection of the subjective tests taken from CS-FSTD(A) or CS-FSTD(H), as appropriate.
5. Normally, the time taken for recurrent subjective testing is about four hours, and the FSTD should not perform other functions during this time.

6. To ensure adequate coverage of subjective and objective tests during a recurrent evaluation, a total of eight hours should be allocated, (four hours for a BITD). However, it should be remembered that any FSTD deficiency that arises during the evaluation could necessitate the extension of the evaluation period.

AMC2-AR.ATO.220 Continuation of an FSTD qualification

COMPOSITION OF THE EVALUATION TEAM

1. The composition of the evaluation team for a recurrent evaluation should be the same as for the initial evaluation (see AMC4-AR.ATO.200(a)(1).

   On a case-by-case basis (except for BITD), when a specific FSTD in operation by a specific organisation is being evaluated, the competent authority may reduce the evaluation team to:

   a. the competent authority's flight inspector; and
   b. a type rated instructor (or class rated instructor for FNPT) from a main FSTD user.
2. Evaluations with a reduced evaluation team in line with 1. above may only take place if:
   a. this composition is not being used prior to the second recurrent evaluation;
   b. such an evaluation is followed by an evaluation with a full competent authority evaluation team;
   c. the competent authority's flight inspector performs some spot checks in the area of objective testing;
   d. no major change or upgrading has been applied since the directly preceding evaluation;
   e. no relocation of the FSTD has taken place since the last evaluation;
   f. a system is established enabling the competent authority to monitor and analyse the status of the FSTD on a continuous basis; and
   g. the FSTD hardware and software has been working reliably for the previous years. This should be reflected in the number and kind of discrepancies (technical log entries) and the results of the compliance monitoring system audits.
3. In the case of a BITD, the recurrent evaluation may be conducted by one suitably qualified flight inspector only, in conjunction with the inspection of any ATO, using the BITD.

AMC1-AR.ATO.230 Changes

GENERAL

1. An organisation operating an FSTD who wishes to modify, upgrade, de-activate or re-locate its FSTD should notify the competent authority. When considering applications for a change of the existing FSTD qualification level, the competent authority should ensure that accountability for the change is clearly defined.
2. An individual department manager of the competent authority should be appointed under whose personal authority an FSTD qualification may be changed.
3. A written application for a change, including appropriate extracts from the qualification test guide indicating proposed amendments should be submitted in a format and manner as specified by the competent authority. This application should be submitted no later than 30 days before the date of intended change, unless otherwise agreed with the competent authority.
4. On receipt of an application for a change of the existing FSTD qualification level, the competent authority should conduct such evaluations and inspections as are necessary to ensure that the full implications of the request have been addressed by the organisation operating the FSTD.
5. During the processing of a change request, the continued adequacy of the compliance monitoring should be reviewed.

6. When the request has been considered and examined, the competent authority should decide on the depth of inspection of the FSTD that is required.
7. The department manager, if satisfied that the organisation operating the FSTD remains competent and the qualification level of the FSTD can be maintained, should issue revised FSTD qualification documentation, as appropriate.
8. The competent authority should inform the organisation operating the FSTD of its decision within 30 days of receipt of all documentation where no evaluation is required, or within 14 days of any subsequent evaluation.
9. Such documentation includes the appropriate extracts from the QTG amended, when necessary, to the competent authority's satisfaction.

GM1-AR.ATO.230 Changes

QUALIFICATION OF NEW TECHNOLOGY OR SYSTEMS

Where an update to an FSTD involves a change of technology or the addition of a new system or equipment which is not covered by the qualification basis used for the existing qualification, an evaluation of such changes may not be possible using this original qualification basis. For these cases, the specific changes can be qualified by using newer certification specifications, new AMCs or alternative means of compliance, that apply to these changes, without affecting the overall qualification of the FSTD. This approach should be documented.

AMC1-AR.ATO.235 Findings and corrective actions - FSTD qualification certificate

GENERAL

1. The competent authority's inspection and monitoring process should confirm the competent authority's continued confidence in the effectiveness of the compliance monitoring system of the organisation operating an FSTD, and its ability to maintain an adequate standard.
2. If the competent authority is not satisfied, the ATO operating an FSTD should be informed in writing of the details of the conduct of its operation which are causing the competent authority concern. The competent authority should require corrective action to be taken within a specified period (see AMC2-AR.ATO.200(a)(1) section 2.).
3. In the event that an organisation operating an FSTD fails, in spite of warning and advice, to satisfy the competent authority's concerns, a final written warning should, whenever possible, be given to the organisation together with a firm date by which specified action to satisfy the competent authority should be taken. It should be made clear that failure to comply may result in enforced limitation or suspension of the FSTD's qualification.
4. Circumstances may, however, preclude recourse to the process described under points 1 to 3 above. In such cases the competent authority's duty to preserve quality of training, testing and checking is of paramount importance and therefore the competent authority may immediately limit or suspend any FSTD qualification which it has issued.

AMC2-AR.ATO.235 Findings and corrective actions - FSTD qualification certificate

SUSPENSION AND LIMITATION

1. When a decision has been taken to suspend, or limit, an FSTD qualification certificate, the organisation operating an FSTD should be informed immediately by the quickest available means.
2. In the event of full suspension of an FSTD qualification certificate, the organisation operating an FSTD should be instructed that the FSTD concerned cannot be used for any credited training, testing or checking. The "quickest available means" will in most situations mean the use of a facsimile or email message.

3. This should be followed by a formal letter giving notice of suspension, or limitation, restating the requirement to cease operations as applicable, and also setting out the conditions on which suspension may be lifted.
4. If it becomes apparent to the competent authority that all operations have ceased over a period in excess of six months, the competent authority should consider opening the warning process described in AMC1-AR.ATO.235, 1.- 4.
5. An FSTD qualification certificate should not remain suspended indefinitely. Further steps may be taken by the organisation operating an FSTD to reinstate the FSTD qualification or, in default, should be taken by the competent authority to revoke the FSTD qualification certificate. Should an organisation operating an FSTD wish to dispute the suspension of its FSTD's qualification certificate, it should be informed of such rights of appeal as exist under national regulations. If an appeal is lodged, the FSTD qualification may remain suspended until the appeal process is complete.
6. Suspension of an FSTD qualification certificate may be lifted on appeal or if the organisation operating an FSTD restores the FSTD to its previously acceptable standard.
7. In neither case should operations be permitted to restart until it has been demonstrated that the cause of the suspension or limitation has been rectified. The competent authority may require a special evaluation depending on the severity of the problem.
8. The competent authority should issue a formal notice of the lifting of suspension before the organisation operating an FSTD is permitted to resume use of an FSTD.

AMC3-AR.ATO.235 Findings and corrective actions - FSTD qualification certificate

REVOCATION

1. The competent authority should give the organisation operating an FSTD notice that it intends to revoke the FSTD qualification followed by a formal letter of revocation.
2. Should an organisation operating an FSTD wish to dispute this revocation, it should be informed of such rights of appeal as exist under national regulations. Once revoked, there can be no further activities under the terms of the FSTD qualification.

SUBPART MED - SPECIFIC REQUIREMENTS RELATED TO AERO-MEDICAL CERTIFICATION

AMC1-AR.MED.120 Medical assessor

EXPERIENCE AND KNOWLEDGE

1. Medical assessors should:
   a. have considerable experience of aero-medical practice and have undertaken a minimum of 200 class 1 medical examinations or equivalent; and
   b. maintain their professional competence in aviation medicine by undertaking regular refresher training including participation in international aviation medicine conferences.

AMC2-AR.MED.120 Medical assessor

TASKS

1. Medical assessors should
   a. provide lectures in basic, advanced and refresher training courses for aero-medical examiners (AMEs) and aero-medical centres (AeMCs);
   b. carry out audits of AeMCs, AMEs and AME training facilities; and
   c. perform the aero-medical assessment of applicants for or holders of medical certificates after referral to the licensing authority.

AMC1-AR.MED.125 Referral to the licensing authority

REFERRAL TO THE LICENSING AUTHORITY

1. The licensing authority should supply the AeMC or AME with all necessary information that leads to the decision on aero-medical fitness.
2. The licensing authority should ensure that unusual or borderline cases are evaluated on a common basis.

AMC1-AR.MED.135 Aero-medical forms

STANDARD FORMS

The forms referred to in AR.MED.135 should follow this format:

LOGO

CIVIL AVIATION ADMINISTRATION / MEMBERSTATE

4 Oct 2010

APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions pages for details.

MEDICAL IN CONFIDENCE

(1) State of licence issue:	(2) Medical certificate applied for: class 1 ☐ class 2 ☐ LAPL ☐ Others ☐		
(3) Surname:	(4) Previous surname(s):		(12) Application Initial ☐ Revalidation/Renewal ☐
(5) Forenames:	(6) Date of birth(dd/mm/yyyy):	(7) Sex Male ☐ Female ☐	(13) Reference number:
(8) Place and country of birth:	(9) Nationality:		(14) Type of licence applied for:
(10) Permanent address: Country : Telephone No. : Mobile No. : e-mail :	(11) Postal address (if different) Country : Telephone No. :		(15) Occupation (principal) (16) Employer (17) Last medical examination Date: Place:

(18) Aviation licence(s) held (type): Licence number: State of issue:	(19) Any Limitations on Licence/ Medical Certificate No ☐ Yes ☐ Details:
(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No ☐ Yes ☐ Date: Country: Details:	(21) Flight time hours total: / (22)Flight time hours since last medical:
	(23) Aircraft class /type(s) presently flown:
(24) Any aviation accident or reported incident since last medical examination? No ☐ Yes ☐ Date: Place: Details:	(25) Type of flying intended:
	(26) Present flying activity: Single pilot ☐ Multi pilot ☐
(27) Do you drink alcohol? ☐ No ☐ Yes, amount	(28) Do you currently use any medication? No ☐ Yes ☐ State drug, dose, date started and why:
(29) Do you smoke tobacco? ☐ No, never ☐ No, date stopped: ☐ Yes, state type and amount:	

General and medical history: Do you have, or have you ever had, any of the following? (Please tick).

Note: if revalidating at the same venue as last examination, tick only boxes relating to any medical/surgical/ophthalmic or other events or changes since last examined. If 'no change, state this in 'Remarks,.

	Yes	No		Yes	No		Yes	No	**Family history of:**	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure		
			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol leve		
103 Spectacle/contact lens prescrip-			115 Dizziness or fainting spells			126 Admission to hospital			173 Epilepsy		
tions change since last medical exam.			116 Unconsciousness for any reason			127 Any other illness or injury			174 Mental illness		
104 Hay fever, other allergy			117 Neurological disorders; stroke,			128 Visit to medical practitioner			175 Diabetes		
105 Asthma, lung disease			epilepsy, seizure, paralysis, etc			since last medical examination			176 Tuberculosis		
106 Heart or vascular trouble			118 Psychological/psychiatric trouble			129 Refusal of life insurance			177 Allergy/asthma/eczema		
107 High or low blood pressure			of any sort			130 Refusal of flying licence			178 Inherited disorders		
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse						179 Glaucoma		
109 Diabetes, hormone disorder			120 Attempted suicide								
110 Stomach, liver or intestinal			121 Motion sickness requiring			132 Medical rejection from or for			**Females only:**		
trouble			medication			military service			150 Gynaecological,		
111 Deafness, ear disorder			122 Anaemia / Sickle cell trait/other			133 Award of pension or			menstrual problems		
			blood disorders			compensation for injury or illness			151 Are you pregnant?		

(30) **Remarks:** If previously reported and no change since, so state.

(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the Medical Assessor of the Licensing Authority and where necessary to the Medical Asessor of another EASA Member State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Licensing Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date	Signature of applicant	Signature of AME/GMP (witness)
---	---	---

(201) Examination Category	(202) Height (cm)	(203) Weight (kg)	(204)Colour Eye	(205)Colour Hair	(206) Blood Pressure-seated (mmHg)		(207) Pulse - resting	
Initial ☐							Rate (bpm)	Rhythm regular ☐
Revalidation/Renewal ☐								
Special referral ☐					Systolic	Diastolic		irregular ☐

Clinical exam: Check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito - urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		

(228) **Notes:** Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity

(229) *Distant vision at 5m /6m*

	Uncorrected		Spec-tacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) *Intermediate vision* N14 at 100 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Lefteye				
Both eyes				

(231) *Near vision* N5 at 30-50 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) **Glasses** (233) **Contact lenses**

	Yes ☐ No ☐	Yes ☐ No ☐		
Right eye				
Left eye				

(313) **Colour perception** Normal☐ Abnormal ☐

Pseudo-isochromatic plates No of plates:	Type:Ishihara (24 plates) No of errors:

(234) **Hearing**

(when 241 not performed)	Right ear	Left ear
Conversational voice test (2 m) with back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(236) **Pulmonary function**(237) **Haemoglobin**

FEV_1/FVC _____ %	_____ _____ (***unit)***
Normal☐ Abnormal ☐	Normal☐ Abnormal ☐

(235) **Urinalysis** Normal☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying Reports

	Not performed	Normal	Abnormal / Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(243) Blood lipids			
(243) Pulmonary functions			
(244) Pulmonary function			
(246) Other (what?)			

_____ _____

☐ Fit Class _____
☐ Medical certificate issued by undersigned (copy attached) for class _____
☐ Unfit for class _____
☐ Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, limitations**

(249) **Medical examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	Aeromedical examiner's name and address:	AME certificate No.:
Aeromedical examiner's signature:	E-mail: Telephone No.: Telefax No.:	

MEDICAL EXAMINATION REPORT

(201) Examination Category	(202) Height (cm)	(203) Weight (kg)	(204)Colour Eye	(205)Colour Hair	(206) Blood Pressure-seated (mmHg)		(207) Pulse - resting	
Initial ☐							Rate (bpm)	Rhythm regular ☐ irregular ☐
Revalidation/Renewal ☐					Systolic	Diastolic		
Special referral ☐								

Clinical exam: Check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito - urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		

(228) **Notes:** Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity

(229) *Distant vision at 5m /6m*

	Uncorrected		Spec-tacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) *Intermediate vision* N14 at 100 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) *Near vision* N5 at 30-50 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) **Glasses** Yes ☐ No ☐

Type:

(233) **Contact lenses** Yes ☐ No ☐

Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) **Colour perception** Normal☐ Abnormal ☐

Pseudo-isochromatic plates No of plates:

Type:Ishihara (24 plates) No of errors:

(234) **Hearing** (when 241 not performed)

	Right ear	Left ear
Conversational voice test (2 m) with back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(236) **Pulmonary function**

FEV_1/FVC _____ %

Normal☐ Abnormal ☐

(237) **Haemoglobin**

_____ _____ (***unit)***

Normal☐ Abnormal ☐

(235) **Urinalysis** Normal☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying Reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(243) Blood lipids			
(243) Pulmonary functions			
(244) Pulmonary function			
(246) Other (what?)			

(247) **Medical examiner's recommendation**

Name of applicant: Date of birth:

_____ _____

☐ Fit class LAPL
☐ Medical certificate issued by undersigned (copy attached) for class LAPL
☐ Unfit for class LAPL
☐ Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, limitations**

(249) **Medical examiner's declaration:**

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	AME/GMP name and address	AME certificate No./ GMP declaration date:
AME/GMP signature:	E-mail: Telephone No.: Telefax No.:	