

Flight Test Report:

Flight Instructor Rating Competency Demonstration – Helicopter

1. Personal Details

CAA Client Number						Last Name	
Given Name(s)							
Type of Licence Held				Medical Certificate Valid To		Instrument Rating Held	Yes <input type="checkbox"/> No <input type="checkbox"/>
Instructor Rating Held						Instructional Techniques Course	Yes <input type="checkbox"/> No <input type="checkbox"/>
Purpose of Test							

2. Experience Assessment

Total Time		Pilot in Command		Total Night		Night Pilot in Command	
Total Instrument Times		Instrument Flight Time		Multi-Engine Total		Multi-Engine Pilot in Command	
Flight Instructing Experience		Night Flight Instruction		Night Cross Country Flight Instruction			

3. Particulars of Test

Place of Test			
Helicopter Type		Registration	ZK-
Duration - Air		Duration - Ground	

4. Assessment of Test

	Category Standard
Briefing (State Air Exercise)	
Theory and Practice of Flight Instruction	
Flying Ability	

5. Result

Examiner Comments	Next competency demonstration due:	
Meets the requirements of Flight Examiner Biennial	<input type="checkbox"/>	(If applicable)
141/137	CAA Client No	
Flight	CAA Client No	
Signature	Date of Test	

Submit a copy of this report to CAA at PO Box 3555 Wellington, 6140