



Transport Canada Pilot Proficiency Check Request Form

AIR OPERATOR INFORMATION

Name:	5258 File No.:
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CANDIDATE INFORMATION

Name (as per Aviation Document):	5802 File No.:	License Held: <input type="checkbox"/> CPL <input type="checkbox"/> ATPL
Aviation Document Expiry Date:	Category: Medical Expiration:	

Medical Extension Issued:
 No Yes. If yes, extension valid to:

INSTRUMENT RATING (IR) INFORMATION

IR Group Held: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	IR Initial, Upgrade Required: <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, 30.00 fee required. Receipt No.: Also, if yes, state Group of IR Required: Group <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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AIRCRAFT/SIMULATOR INFORMATION

Aircraft Type:	Simulator Location and TC ID No.:
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Type Rating Required:
 No Yes.
 If yes, Application for Endorsement of a Rating Form **26-0083** and **30.00** fee required. Receipt No.:

PPC INFORMATION

Proposed Date:	<input type="checkbox"/> CAR 703	<input type="checkbox"/> CAR 704 <input type="checkbox"/> 12 or <input type="checkbox"/> 24 month validity)
<input type="checkbox"/> Single Pilot	<input type="checkbox"/> Multi-Crew	<input type="checkbox"/> CA <input type="checkbox"/> FO <input type="checkbox"/> L Seat <input type="checkbox"/> R Seat <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade

PPC Valid to:	PPC Extension Issued: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, extension valid to:
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Take Off Minimums: <input type="checkbox"/> CAP <input type="checkbox"/> 1200 RVR <input type="checkbox"/> 600 RVR	Landing Minimums: <input type="checkbox"/> CAP <input type="checkbox"/> CAT II <input type="checkbox"/> CAT III
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RNP Instrument Approaches: <input type="checkbox"/> No <input type="checkbox"/> Yes	GPS/FMS Model:
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<input type="checkbox"/> LNAV Only	<input type="checkbox"/> LNAV and LNAV/VNAV Only	<input type="checkbox"/> LPV (Includes LP, LNAV and LNAV/VNAV)	<input type="checkbox"/> RNP (AR)
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Circling Approach Required: No Yes

ADDITIONAL INFORMATION/NOTES

DELEGATE COMPANY REPRESENTATIVE FOR PPC REQUEST

Name:	Date:	PPC Script Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contact Information:

Phone:

Email: