

Document No;  
TCAA-FRM-SR-PEL19D

Title: **Skill test for inclusion of an aircraft type in the Pilot licence (bellow 5,700 kg)-light aircraft.**

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**IMPORTANT NOTICES**

1. This form, when completed, should be forwarded to TCAA Personnel Licensing Office via email: [pel@tcaa.go.tz](mailto:pel@tcaa.go.tz)
2. Evidence of qualifications must meet the requirements for the issue of the licence.
3. All dates are written in dd/mm/yy
4. All items in the preliminary information must be filled correctly
5. (\*) The star stands for compulsory/mandatory

All areas must be filled correctly

SN	PART 1: Preliminary Information:		
1	Name of Applicant:	Test Date (s):	
2	Address of Applicant:		
3	Date of Birth:		
4	Nationality:		
5	Email address:		
6	Validity of medical certificate:	Validity of ELP:	
7	A number of the attempt:		
8	Location/Route (Aerodrome of the test):		
9	Duration of the test: _____ hrs _____ min		
10	Type of Licence held:	License Number:	
11	Aircraft Registration:	Aircraft Type:	
12	Name of Employer:		
13	Name of Examiner:	Type of Licence	Licence Number
14	Examiner designation number (DNE):		



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**PART 2: SECTION I. MULTI-ENGINEED FLYING MACHINES**

		Date of Test	A/C Reg	Name and signature of Examiner	Licence No.
<b>15</b>	<b>By day</b>				
A.	At maximum landing weight all Maneuvers used in normal flight including take-off and landing.				
B.	At maximum landing weight all Maneuvers used in normal flight including take-off and landing with one engine inoperative.				
C.	At maximum landing weight perform emergency manouvres including simulated engine failure after takeoff and approach to stall in both level and banked attitudes.				
<b>16</b>	<b>By night</b>				
D.	At maximum landing weight all Maneuvers used in normal flight including take-off and landing.				
E.	At maximum landing weight; with one engine in operative; All maneuvers used in normal flight, including landing and takeoff.				
<b>RESULT</b>				<b>PASS</b>	<b>FAIL</b>

**PART 3: SINGLE-ENGINEED FLYING MACHINES**

		Date of Test	A/C Reg	Name and signature of Examiner	Licence No.
<b>17</b>	<b>By Day</b>				



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A.	At maximum landing weight all Maneuvers used in normal flight including take-off and landing.				
B.	Emergency maneuvers including Simulated forced landings and Recovery from stalls entered from Both level and banked attitudes.				
<b>RESULT</b>				<b>PASS</b>	<b>FAIL</b>

**PART 4: FLYING EXPERIENCE**

TYPE TRAINING.		HOURS
I.	Handling	
II.	As Co-Pilot.	
III.	As Observer	
IV.	PIC Under Supervision	

<b>RESULT (Applicant Advised)</b>	<b>PASS/FAIL</b>
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**EXAMINER'S REMARKS AND RECOMMENDATIONS:**


	<b>TANZANIA CIVIL AVIATION AUTHORITY</b> <b>DIRECTORATE OF SAFETY REGULATIONS</b> <b>PERSONNEL LICENSING</b>	Revision: 4 Form
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I, being a person duly authorized in writing by TCAA to conduct such aircraft rating tests hereby certify that I have flown in a ..... airplane with.....at the controls and that the applicant has carried out satisfactorily\* and unassisted\*, under the conditions stated, the maneuvers and drills against which my signature appears below, together with my name in BLOCK CAPITALS beneath the signature.

<b>Name of Examiner (In Block CAPITALS)</b>	
<b>Signature</b>	
<b>Examiner designation number( DNE)</b>	
<b>Date</b>	

<b>This is a Controlled Document</b>	<b>TCAA-FRM-SR-PEL19D</b>	<b>Issued on April, 2025</b>
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