Trafikstyrelsen
Danish Civil Aviation and Railway Authority

# SKILL TEST - BALLOON (GAS)

## Application and report form

### A. To be filled out by the applicant:

| | | |
|---|---|---|
| Date of Birth: | Licence no.: (If any) | State of Licence Issue: |
| First name(s): | Last name: | |
| Street: | | |
| Postal code and city: | e-mail: | Telephone: |
| **Date of signature:** | **Signature:** | |

### B. To be filled out by ATO/DTO:

| | | | |
|---|---|---|---|
| Name of ATO: (Use stamp): | | | |
| **Specification of flight time** | | | |
| Total: | Dual | Solo | Flight time during LAPL(B) course: |
| Crediting of flight time (attach documentation) | | | |
| **Date of signature of Head of Training** | **Signature of Head of Training** | | |

### C. To be filled out by the Examiner:

| | | |
|---|---|---|
| **Date of test:** | **Licence Endorsement:** | **Type of aircraft:** |
| **Name of Examiner:** | **Stamp of Examiner:** | |
| **Authorisation no. of Examiner**: | | |

**Result of the test**

| Section 1: | Section 2: | Section 3: | Section 4: | Section 5: |
|---|---|---|---|---|
| Passed ☐ Failed ☐ | Passed ☐ Failed ☐ | Passed ☐ Failed ☐ | Passed ☐ Failed ☐ | Passed ☐ Failed ☐ |

**Final result:**

Passed ☐ Partial Pass ☐ Failed ☐

I hereby verify that the applicant has passed the required training and that the applicant fulfills the requirement for the test or check being performed. I also declare that I have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document.

I, the undersigned Examiner, hereby confirm that I possess all the necessary privileges required to conduct this test, check, or assessment. Furthermore, I declare that all my privileges are valid and in full compliance with the relevant regulatory standards.

| | |
|---|---|
| **Date of signature:** | **Signature of examiner:** |

**Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.**

| Name of Applicant: | |
|---|---|

| | SECTION 1 PRE-FLIGHT OPERATIONS, INFLATION AND TAKE-OFF | Passed | Failed |
|---|---|---|---|
| a | Pre-flight documentation, flight planning, NOTAM and weather briefing | | |
| b | Ballon inspection and servicing, MEL | | |
| c | Suitability of launch site | | |
| d | Load calculation | | |
| e | Crowd control, crew and passenger briefings | | |
| f | Assembly and layout | | |
| g | Inflation and pre-take-off procedures including passengers involvement and briefing | | |
| h | Take-off | | |
| i | ATC compliance (if applicable), operation of radio and/or transponder (including emergency procedures | | |

| | SECTION 2 GENERAL AIRWORK | Passed | Failed |
|---|---|---|---|
| a | Climb to level flights | | |
| b | Level flight | | |
| c | Descent to level flight | | |
| d | Operating at low level | | |
| e | ATC compliance (if applicable) | | |

| | SECTION 3 EN-ROUTE PROCEDURES | Passed | Failed |
|---|---|---|---|
| a | Dead reckoning and map reading | | |
| b | Marking positions and time | | |
| c | Orientation and airspace structure | | |
| d | Maintenance of altitude | | |
| e | Ballast management | | |
| f | Communication with retrieve crew and passengers | | |
| g | ATC compliance (if applicable) | | |

| | SECTION 4 APPROACH AND LANDING PROCEDURES | Passed | Failed |
|---|---|---|---|
| a | Approach from low level, missed approach and fly on: Passenger briefing and execution of exercise | | |
| b | Approach from high level, missed approach and fly on: Passenger briefing and execution of exercise | | |
| c | Pre-landing checks | | |
| d | Passenger pre-landing briefing | | |
| e | Selection of landing field | | |
| f | Final passenger briefing, landing, dragging and deflation | | |
| g | ATC compliance (if applicable) | | |
| h | Actions after flight (recording of the flight, closing flightplan (if applicable), briefing passengers for packing balloon, contact landowner | | |

**Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.**

| Name of Applicant: | |
|---|---|

| **SECTION 5 ABNORMAL AND EMERGENCY PROCEDURES**<br>This section may be combined with Sections1 through 4. | | **Passed** | **Failed** |
|---|---|---|---|
| a | Simulated closed appendix during take-off and climb | | |
| b | Simulated parachute or valve failure | | |
| c | Simulated passenger health problems | | |
| d | Other abnormal and emergency procedures as outlined in the appropriate flight manual | | |
| e | Oral questions | | |

| **Details of the flight** | |
|---|---|
| Destination aerodrome | Time (hrs:min) |
| Departure aerodrome | Time (hrs:min) |
| Aircraft registration | Total flight time |

Remarks/Overall assessment/Reasons for failure (if applicable):

Name of instructor present at the Skill Test:_____

| **Signature of Examiner**: | **Signature of applicant**: |
|---|---|

**Use of checklist, airmanship, control of balloon by external visual reference, look-out procedures, etc. apply in all sections.**

| Name of Applicant: | |
|---|---|

## In accordance with ARA.GEN.315(a), (b) – (c)

Undertegnede bekræfter hermed, at jeg ved ansøgningstidspunktet

1. ikke var i besiddelse af et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat;

2. ikke har ansøgt om et personligt certifikat, rating, tilladelse eller attestation med samme anvendelsesområde og i samme kategori i en anden medlemsstat; og

3. aldrig har haft et personligt certifikat, rating, tilladelse eller attest med samme anvendelsesområde og i samme kategori udstedt i en anden medlemsstat, som er tilbagekaldt eller suspenderet i anden medlemsstat.

Note:

*Ukorrekte oplysninger vedrørende ovenstående, kan være diskvalificerende for udstedelse af certifikat, rating, tilladelse m.v.*

Undersigned hereby confirm that I at the time of application

1. was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;

2. has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and

3. has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.

4.

Note:

*Incorrect information regarding the above can be disqualifying for obtaining a certificate, rating, authorization, etc.*

Dato/Date:_____

**Underskrift/Signature:**_____