



ATS Examiner Rating Test Form

1. Personal Details

Full Name				Date				
Licence Type			Client ID	Current	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Initial Issue Test	<input type="checkbox"/>	Renewal Test	<input type="checkbox"/>					

2. Examiner Assessment Privileges Sought

Air traffic controller licence issue	<input type="checkbox"/>	Flight service operator licence issue	<input type="checkbox"/>
Aerodrome control rating issue	<input type="checkbox"/>	Oceanic air-ground rating issue	<input type="checkbox"/>
Approach control procedural rating issue	<input type="checkbox"/>	Aerodrome flight information rating issue	<input type="checkbox"/>
Approach control surveillance rating issue	<input type="checkbox"/>	Area flight information rating issue	<input type="checkbox"/>
Area control procedural rating issue	<input type="checkbox"/>	Air traffic service instructor rating issue (on job training)	<input type="checkbox"/>
Area control surveillance rating issue	<input type="checkbox"/>	Air traffic service instructor rating issue (check)	<input type="checkbox"/>
		Air traffic service instructor rating renewal (check)	<input type="checkbox"/>

3. Examination Requirements

ATS Examiner assessment	
Holds a current air traffic licence rating for the relevant service	<input type="checkbox"/>
Has at least 5 years experience exercising the privileges of an air traffic controller or flight service operator licence	<input type="checkbox"/>
Operational competency assessment privileges	
Meets the training and experience requirements of a MCAR Part 172 certificated organisation	<input type="checkbox"/>
Current medical certificate	<input type="checkbox"/>
Non-operational competency assessment privileges	
Instructor (on job training & check issue only). Meets the training and experience requirements of a MCAR Part 172 certificated organisation	<input type="checkbox"/>

4. Examination Details

Pre Test Work			
Eligibility assessment	<input type="text"/>	Knowledge of relevant rules & documents	<input type="text"/>
Logbook assessment	<input type="text"/>	Knowledge of test performance limits	<input type="text"/>
Test syllabus briefing	<input type="text"/>	Questioning	<input type="text"/>
Test			
Test conducted in accordance with the:			(specify) test syllabus <input type="checkbox"/>
Post Test			
Debrief	<input type="checkbox"/>	Knowledge of mandatory fail aspects	<input type="checkbox"/>
Knowledge of training required (if applicable)	<input type="checkbox"/>	Knowledge of applicable logbook entries	<input type="checkbox"/>
Knowledge of standard forms	<input type="checkbox"/>		

Name _____ CAA ID _____

3. Results

Result of test	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>				
Location		Tower/Centre/Simulator				
Name of CAA Testing Officer			Client ID			
I certify that this report is an accurate assessment of the check carried out and that I have certified the holder's logbook appropriately						
CAA Testing Officer's Signature			Date			

4. CAA Testing Officer's Test Comments