Application for certification of LPEs/LPLEs

Application for issuance/revalidation/renewal of an LPE/LPLE examiner certificate according to Civil Aircrew Notice FCL 8



Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Type of ap	plication					
I apply for the						
issuance			revalidation		renewal	
of the following cer	tificate					
Language Profi	ciency Examiner	(LPE)				
Language Profi	ciency Linguistic	Expert (LPLE)				
2 Applicant						
APPLICANT'	S LICENC	E NUMBER	l:			
Form of address	Title First	Name(s)	ı	Last Name(s)		
		, ,				
Street		С	ity	Postal	code Country	
Telephone			E-Mail			
Date of Birth (dd/mm/yyyy)		Place of Birth	Place of Birth / Country		ship	
Place	Date	Signature of A	pplicant			
	address (mentioned a	above) will be publish	ned in connection with	the tasks as examiner/ex	mation could have legal consequences. He pert and his e-mail address will be used for	
3 Summary of	of skills and req	uirements				
General informatio	n					
Mother tongues						
German English French other languages:						
Language endorse English Level:	ment					
Language endorse German Level:	ment					
Current licence/aut	horisation					
PPL	CPL		ATPL	MPL	ATCO licence	
VFR	VFI		_	<u> </u>	_	
 □ IR	IR					
Category of aircraf	<u> </u>					
Aeroplane	Helicop	oter	Others			
☐ SP	SP		-			
MP	MP					

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Radiotelephony certificate		
AFZ EFZ		
Requirements		
a) LPE/LPLE Assessment by authority (not required for revalidation)	Date (conducted on):	
b) Rater Training		
1. Rater Training	Date:	
2. Rater Training	Date:	
3. Rater Training	Date:	
c) LPE: Activity report LPE (conduct of at least 2 language proficiency checks every year	Date:	
or performance of 2 training procedures pursuant to Civil Aircrew Notice FCL 8)		
d) LPLE: Activity report LPLE (conduct of at least 2 activities according to "Tasks and Responsibilities LPLE" pursuant to Civil Aircrew Notice FCL 8)	Date:	
e) Assessment in LAB: Acceptance Record	Date:	
4 Confirmation of the information mentioned above		
Signature of LPEs/LPLEs		
5 Confirmation of the examiner's activities by the LA	В	
LAB (Name and Approval Number)	Head of LAB (Name)	
The Head of LAB hereby confirms, that the applicant carries out examiner activities at the LAB mentioned above within the scope of his authorisation(s).	Date and Signatur of Head of LAB	
6 Attachments (Discounts if a different series		

- · Rater Training Certificate
- · Activity report LPE and LPLE
- LPE Acceptance Record (NOT required for revalidation)
- Pilot licence