



Language Proficiency Check Level 4 Revalidation/Renewal

combined with a flight on an aircraft or a flight simulator

Licence Nr.

Applicant : Last name: _____ First name: _____ Date of birth: _____

Native language: English German French Italian other: _____ Nationality: _____

Address: Street/ P.O. Box: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ e-mail: _____

Invoice and licence to be sent to applicant company: _____

Signature of applicant:

Enrolment for:

- Revalidation of Language Proficiency endorsement Level 4
- Renewal of Language Proficiency endorsement Level 4 (expired < 3 years)
- Repetition of failed Language Proficiency check Level 4

Language to be tested:

- English
- German
- French
- Italian

Details of flight:

Aeroplane Simulator Training Center: _____

Date: _____ Type of aircraft/ variant: _____ Registration/ STD ID : _____

Departure: _____ Destination: _____ Block-off: _____ Block-on: _____ Block time: _____

Result of the Language Proficiency Check and RTF observation:

Language Proficiency Check		Passed	Failed	Acknowledgement of result Applicant's signature:
Part 1: Listening comprehension (tested during flight):		<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
Part 2: Speaking ability:	Pronunciation	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
	Fluency	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
	Vocabulary	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
	Structure	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
	Comprehension	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
	Interaction	<input type="checkbox"/> ≥ Level 4	<input type="checkbox"/> < Level 4	
RTF Observation		Passed	Failed	
		<input type="checkbox"/> RTF sufficient	<input type="checkbox"/> RTF insufficient	
		<input type="checkbox"/> RTF marginal*		
Overall Result of the Language Proficiency Check and RTF observation:				
<input type="checkbox"/> passed <input type="checkbox"/> failed				

Language Assessor last name: _____ First name: _____

Licence no: _____ Signature: _____

Location & date: _____



Important notes

Language proficiency check

A copy of the failed Language Proficiency Check form must be attached to the enrolment for repetition.

RTF observation

- If RTF is **marginal**, the test taker is **recommended** to participate in an RTF Refresher course.
- If RTF is **insufficient**, the Language Proficiency check is failed. The test taker makes errors which may affect safety (for instance using ambiguous plain language instead of using standard phraseology, or using safety-critical incorrect phraseology such as “ready for take-off”).

Hinweis:

Innert 10 Tagen nach Zustellung des Ergebnisses vom Skill Test/Proficiency Check kann beim Bundesamt für Zivilluftfahrt, 3003 Bern, schriftlich die Ausstellung einer beschwerdefähigen Verfügung über das Prüfungsergebnis verlangt werden.

Remarque:

Il est possible, dans les dix jours suivant la communication du résultat du Skill Test/Proficiency Check d'obtenir, sur réquête écrite auprès de l'Office fédéral de l'aviation civile, 3003 Berne, une décision susceptible de recours portant sur le résultat dudit examen.

Avviso:

Entro dieci giorni dall'invio dei risultati dello Skill Test/Proficiency Check può essere richiesta per iscritto all'Ufficio federale dell'aviazione civile, 3003 Berna, una decisione impugnabile sull'esito dell'esame.

Remark:

Within 10 days after receipt of this skill test/proficiency check result, an appealable decision about the test / check results may be requested in writing to the Federal Office of Civil Aviation, 3003 Bern, using one of the official languages (German/French/Italian)