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| **PODATKI O KANDIDATU / CANDIDATE'S DETAILS** | | | | | | |
| Priimek in ime kandidata / *Candidate Family and Given Name*: | Podatki o licenci kandidata / *Holder's Licence Data*: | | | | | |
|  | ATPL(A)  ATPL(H) | CPL(A)  CPL(H) | PPL(A)  PPL(A) | SPL | BPL | n/a |
| Številka licence / *Licence number*: | | | | | |
| Elektronska pošta / *E-mail*: | Telefonska številka / *Telephone number*: | | | | | |
|  |  | | | | | |
| Podpis / *Signature*: | Datum in kraj / *Place and Date*: | | | | | |
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| **PREDLOG ZA PREVERJANJE / *RECOMMENDATION FOR TEST*** | | | | | | | | |
| Spodaj podpisani vodja usposabljanja organizacije ATO/DTO, predlagam kandidata za naslednje preverjanje ali oceno usposobljenosti:  *I, below signed Head of training of the Training Organisation (ATO/DTO), recommend candidate for following skill test or assessment of competence:* | | | | | | | | |
| Vpiši licenco / rating / inštruktorja:  *Fulfill licence* / *rating* / *instructor*: | | Licence: | | | | Rating: | Instructor: |  |
|  | | | |  |  |
| **ORGANIZACIJA ZA USPOSABLJANJE / *TRAINING ORGANISATION*:** | | | | | | | | |
| Naziv / *Name*: |  | | | | | | | |
| Številka certifikata / *Certificate number*: | | |  | | | | | |
| Kontakt / *Contact*: |  | | | | | | | |
| Priimek in ime vodje usposabljanja / *HT Family and Given Name*: | | | | Podpis HT / *HT Signature* | | | | |
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| **PREDLOG ZA IMENOVANJE IZPRAŠEVALCA / *PROPOSED EXAMINER*** | | |
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| **PODATKI O IZPRAŠEVALCU / *EXAMINER'S DETAILS*** | | |
| Priimek in ime izpraševalca / *Examiner Family and Given Name*: | Podatki o licenci in potrdilu izpraševalca: / *Licence and Examiner certificate Data*: | |
|  | Št. izpraševalca / *Examiner no*.: |  |
| Elektronska pošta / *E-mail*: | Telefonska številka / *Telephone number*: | |
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| **CAA INTERNA UPORABA / *FOR CAA INTERNAL USE*** | | |
| Ocena imenovanja izpraševalca:  *Assessment of designation of examiner:* | Odobritev predlaganega izpraševalca / *Proposed examiner approved* | Podpis uradnik*a / Officer's signature* |
| Imenovanje drugega izpraševalca / *Nomination of other examiner*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Komentar:  Comment: |  |  |
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