



REPUBLIC OF THE PHILIPPINES  
**Civil Aviation Authority of the Philippines**

MIA Road, Pasay City 1300

**PROFICIENCY CHECK FORM**

**INSTRUCTIONS:**

Print or Type. Do not write in shaded areas, these are for CAAP use only. Submit original only to the CAAP or a CAAP Authorized Person. If additional space is required, use an attachment.

**A. APPLICATION IS HEREBY MADE FOR PILOT PROFICIENCY CHECK IN:**

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> TURBOJET AIRCRAFT          | 4. <input type="checkbox"/> FLIGHT ENGINEER                   | 7. <input type="checkbox"/> HELICOPTER IFR/VFR/DAY/NIGHT   |
| 2. <input type="checkbox"/> TURBOPROP AIRCRAFT         | 5. <input type="checkbox"/> 9 PAX or 5700kg:IFR/VFR/DAY/NIGHT | 8. <input type="checkbox"/> HELICOPTER TYPE – VFR DAY ONLY |
| 3. <input type="checkbox"/> RECIPROCATING OVER 5700 kg | 6. <input type="checkbox"/> 9 PAX or 5700kg :VFR DAY ONLY     | 9. <input type="checkbox"/> OTHERS (specify) _____         |

**B. PRE-CHECK NOTIFICATION TO FLIGHT STANDARDS INSPECTORATE SERVICE:**

1. DATE OF NOTIFICATION	2. PERSON NOTIFIED	3. DATE/TIME CHECK SCHEDULED	4. LOCATION & CHECK PILOT
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**C. REQUEST FOR CHECK:**

1. *I certify that the airman listed in Section D below has completed all applicable training requirements for operations with this company and request that he or she be checked for the following aircraft, positions and flight operation:*

2. AIRCRAFT (MAKE, MODEL)	3. POSITION (PIC OR SIC)	4. FLIGHT OPERATIONS: (DAY, NIGHT, VFR, IFR)	5. MONTH DUE (FOR PROF CHECK)
6. BUSINESS NAME:	7. CERTIFICATE #	8. TELEPHONE	9. FAX
10. SIGNATURE OF COMPANY OFFICIAL (DIR OF OPS OR CHIEF PILOT)	11. DATE	12. PRINTED NAME & TITLE OF COMPANY OFFICIAL	

**D. AIRMAN PERSONAL INFORMATION:**

1. NAME (Last, First, Middle)		2. PERMANENT ADDRESS (Street or PO Box Number)				
3. TELEPHONE NUMBER	4. CITY	5. PROVINCE	6. ZIP CODE	7. COUNTRY		
8. DATE OF BIRTH (mm/dd/yyyy)	9. HEIGHT (cm)	10. WEIGHT (kg)	11. HAIR	12. EYES	13. SEX	14. NATIONALITY (Citizenship)

**E. AIRMAN LICENSE INFORMATION AND FLIGHT HOURS:**

1. LICENSE NUMBER	2. STATE OF ISSUE	3. DATE ISSUED (mm/dd/yyyy)	4. RATING(S)				
5. FLIGHT HRS 6 MONTHS	6. PIC HRS 6 MONTHS	7. DAY LGS 90 DAYS	8. NIGHT HRS 6 MONTHS	9. NIGHT LDGS 90 DAYS	10. INST HRS 6 MONTHS	11. INST APPR 6 MONTHS	12. HRS TYPE 90 DAYS

**F. MEDICAL CERTIFICATE INFORMATION:**

1. CLASS CERTIFICATE	2. STATE OF ISSUE	3. DATE OF ISSUE	4. MEDICAL EXAMINER
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**G. PILOT CERTIFICATION:**

1. *I certify that the above personal and certificate information is true and correct. I further certify that I have completed all applicable initial and/or recurrent training requirements and meet all PCAR Part 2 and 8 aeronautical experience requirements for the assigned aircraft, position and operations proposed:*

2. DATE SIGNED (mm/dd/yyyy)	3. SIGNATURE OF AIRMAN	4. PRINTED NAME OF AIRMAN
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**H. PROFICIENCY CHECK RESULTS:**

1. <input type="checkbox"/> Proficiency Check - Oral	(a) <input type="checkbox"/> Satisfactory	(b) <input type="checkbox"/> Needs further training as indicated.
2. <input type="checkbox"/> Proficiency Check - Simulator	(a) <input type="checkbox"/> Satisfactory	(b) <input type="checkbox"/> Needs further training as indicated.
3. <input type="checkbox"/> Proficiency Check - Aircraft	(a) <input type="checkbox"/> Satisfactory	(b) <input type="checkbox"/> IFR with SIC Authorized (c) <input type="checkbox"/> IRF, Autopilot, No SIC (d) <input type="checkbox"/> VFR only (e) <input type="checkbox"/> Needs further training as indicated.
4. <input type="checkbox"/> Re-establish Landing Currency	(a) <input type="checkbox"/> Satisfactory	Aircraft Type and Variant (b) <input type="checkbox"/> Needs further training as indicated.

**I. CHECK CONDUCTED BY:** Insert credential, certificate or designated number

1. <input type="checkbox"/> CAAP-FSIS	2. <input type="checkbox"/> DESIGNATED CHECK AIRMAN	3. <input type="checkbox"/> OTHER (specify) _____
4. DATE (mm/dd/yyyy)	5. TITLE	6. SIGNATURE

**J. CAAP CERTIFICATION:**

1. <input type="checkbox"/> ACCEPTABLE – NO FURTHER ACTION NECESSARY	2. <input type="checkbox"/> RE-EXAMINATION REQUIRED	Control Number: _____
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**Completion Instructions for Pilot Proficiency Check Form 544 [Front Page]**

<b>A1 - 9</b>	Check the applicable box	<b>D14</b>	Enter country of citizenship.
<b>B1</b>	Enter date & time of notification.	<b>E1</b>	Enter Airman PEL Number.
<b>B2</b>	Enter person notified.	<b>E2</b>	Enter airman certificate state of issue.
<b>B3</b>	Enter date & time checked scheduled.	<b>E3</b>	Enter date airman certificate issued.
<b>B4</b>	Enter location and check pilot scheduled.	<b>E4</b>	Enter rating(s) issued.
<b>C1</b>	Company Official – Read before signing.	<b>E5</b>	Enter flight hours in the last six months.
<b>C2</b>	Enter make & model of aircraft requested.	<b>E6</b>	Enter PIC hours in the last six months.
<b>C3</b>	Enter assigned position – PIC or SIC.	<b>E7</b>	Enter number of day landings in the last 90 days.
<b>C4</b>	Enter flight operations requested – Day, Night VFR or IFR	<b>E8</b>	Enter night hours flown in the last six months.
<b>C5</b>	Enter pilot base month.	<b>E9</b>	Enter number of night landings in the last 90 days.
<b>C6</b>	Enter company/business name, if applicable.	<b>E10</b>	Enter number of instrument hours in the last six months.
<b>C7</b>	Enter Organization Certificate number, if applicable.	<b>E11</b>	Enter number of instrument approaches in the last six months.
<b>C8</b>	Enter telephone number.	<b>E12</b>	Enter number of hours in aircraft type requested in the last 90 days.
<b>C9</b>	Enter Fax number.	<b>F1</b>	Enter class of medical certificate.
<b>C10</b>	Company Official's signature.	<b>F2</b>	Enter state where medical certificate issued.
<b>C11</b>	Enter date signed by company official.	<b>F3</b>	Enter date of issue of medical certificate.
<b>C12</b>	Enter printed name and title of company official.	<b>F4</b>	Enter name of medical examiner.
<b>D1</b>	Enter airman full name, last name first.	<b>G1</b>	Airman – Read before signing.
<b>D2</b>	Enter permanent street address.	<b>G2</b>	Enter date signed.
<b>D3</b>	Enter phone number and fax number.	<b>G3</b>	Airman's signature.
<b>D4</b>	Enter city, state, zip code, and country of permanent address.	<b>G4</b>	Enter printed name of airman.
<b>D8</b>	Enter date of birth of airman.	<b>H1 – 4</b>	Mark the applicable type of check and the results – A – Satisfactory, b – Needs further training, etc.
<b>D9</b>	Enter height of airman.	<b>I1 - 3</b>	Mark the applicable box by whom check performed and enter name and PEL number.
<b>D10</b>	Enter weight of airman.	<b>I4</b>	Enter date checked performed.
<b>D11</b>	Enter hair color of airman.	<b>I5</b>	Enter title of person performing check.
<b>D12</b>	Enter eye color of airman.	<b>I6</b>	Signature of person performing check.
<b>D13</b>	Enter sex as M for Male and F for Female.	<b>J</b>	MAKE NO ENTRY – FOR CAAP-FSIS USE ONLY