



REPUBLIC OF THE PHILIPPINES  
**Civil Aviation Authority of the Philippines**  
 MIA Road, Pasay City 1300

**INSTRUCTIONS:**  
 Print or Type. Submit original only to the CAAP or a CAAP Authorized Person. If additional space is required, use an attachment.

**PROFICIENCY CHECK FORM**

<b>A. APPLICATION IS HEREBY MADE FOR PILOT PROFICIENCY CHECK IN:</b>								
1. <input type="checkbox"/> TURBOJET AIRCRAFT			2. <input type="checkbox"/> FLIGHT ENGINEER			3. <input type="checkbox"/> HELICOPTER IFR/VFR/DAY/NIGHT		
4. <input type="checkbox"/> TURBOPROP AIRCRAFT			5. <input type="checkbox"/> 9 PAX or 5700kg:IFR/VFR/DAY/NIGHT			6. <input type="checkbox"/> HELICOPTER TYPE – VFR DAY ONLY		
7. <input type="checkbox"/> RECIPROCATING OVER 5700 kg			8. <input type="checkbox"/> 9 PAX or 5700kg :VFR DAY ONLY			9. <input type="checkbox"/> OTHERS (specify) _____		

<b>B. PRE-CHECK NOTIFICATION TO FLIGHT STANDARDS INSPECTORATE SERVICE:</b>			
1. DATE OF NOTIFICATION(dd/mm/yyyy)	2. PERSON NOTIFIED	3. DATE/TIME CHECK SCHEDULED	4. LOCATION & CHECK PILOT

<b>C. REQUEST FOR CHECK:</b>			
1. <i>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:</i>			
2. AIRCRAFT (MAKE, MODEL)	3. POSITION (PIC/ SIC/SO)	4. FLIGHT OPERATIONS: (DAY, NIGHT, VFR, IFR)	5. MONTH DUE (FOR PROF CHECK)
6. BUSINESS NAME:	7. CERTIFICATE #	8. TELEPHONE	9. FAX
10. DATE (dd/mm/yyyy)	11. SIGNATURE OF COMPANY OFFICIAL (Dir of Ops or Chief Pilot)	12. PRINTED NAME & TITLE OF COMPANY OFFICIAL	

<b>D. AIRMAN LICENSE INFORMATION AND FLIGHT HOURS:</b>							
1. NAME (Last, First, Middle)			2. LICENSE NUMBER-TYPE			3. RATING(S)	
4. CONTACT NUMBER		5. PLACE OF ISSUE		6. DATE ISSUED (dd/mm/yyyy)		7. EXPIRY DATE (dd/mm/yyyy)	8. FLIGHT HRS (SO only) 12 MOS
8. FLIGHT HRS 6 MOS	9. PIC HRS 6 MOS	10. DAY LDGS 90 DAYS	11. NIGHT HRS 6 MOS	12. NIGHT LDGS 90 DAYS	13. INST HRS 6 MOS	14. TOTAL FLYING HRS	

<b>E. MEDICAL CERTIFICATE INFORMATION:</b>				
1. CLASS CERTIFICATE	2. PLACE OF ISSUE		3. DATE OF ISSUE	4. MEDICAL EXAMINER

<b>F. PILOT CERTIFICATION:</b>			
1. <i>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:</i>			
2. DATE SIGNED (dd/mm/yyyy)		3. SIGNATURE OF AIRMAN	4. PRINTED NAME OF AIRMAN

<b>G. DOCUMENTATION CERTIFICATION:</b>			
1. <i>This is to certify that the following documents of the Airman were reviewed before the actual Proficiency Check and found to be current and complete:</i>			
2. <input type="checkbox"/> Airman License	3. <input type="checkbox"/> Medical Certificate	4. <input type="checkbox"/> NTC License	
5. <input type="checkbox"/> ELP Certificate	6. <input type="checkbox"/> Others : _____	7. <input type="checkbox"/> Others: _____	

<b>H. PROFICIENCY CHECK RESULTS:</b>			
1. <input type="checkbox"/> Proficiency Check - Oral	(a) <input type="checkbox"/> Satisfactory	(b) <input type="checkbox"/> Unsatisfactory	(c) <input type="checkbox"/> Needs further training as indicated.
2. <input type="checkbox"/> Proficiency Check - Simulator	(a) <input type="checkbox"/> Satisfactory	(b) <input type="checkbox"/> Unsatisfactory	(c) <input type="checkbox"/> Needs further training as indicated.
3. <input type="checkbox"/> Proficiency Check - Aircraft	(a) <input type="checkbox"/> Satisfactory (b) <input type="checkbox"/> VFR only	(c) <input type="checkbox"/> IFR with SIC Authorized (d) <input type="checkbox"/> IRF, Autopilot, No SIC	(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.

<b>I. CHECK CONDUCTED BY: Insert credential, certificate or designated number</b>					
1. <input type="checkbox"/> CAAP-FSIS		2. <input type="checkbox"/> DESIGNATED CHECK AIRMAN		3. <input type="checkbox"/> OTHERS (Specify) _____	
4. DATE CHECK PERFORMED (dd/mm/yyyy)		5. SIGNATURE OF CHECKER		6. PRINTED NAME / TITLE / LICENSE NUMBER	

<b>J. NOTES:</b>					

**Completion Instructions for Pilot Proficiency Check Form 544 [Front Page]**

<b>A1 - 9</b>	Check the applicable box.	<b>D8</b>	Enter flight hours in the last six months.
<b>B1</b>	Enter date & time of notification (dd/mm/yyyy).	<b>D9</b>	Enter PIC hours in the last six months.
<b>B2</b>	Enter person notified (the operator's assigned POI).	<b>D10</b>	Enter number of day landings in the last 90 days.
<b>B3</b>	Enter date & time Check scheduled.	<b>D11</b>	Enter night hours flown in the last six months.
<b>B4</b>	Enter location and check pilot scheduled.	<b>D12</b>	Enter number of night landings in the last 90 days.
<b>C1</b>	Company Official – Read before signing.	<b>D13</b>	Enter number of instrument hours in the last six months.
<b>C2</b>	Enter make & model of aircraft requested.	<b>D14</b>	Enter number of total flying hours.
<b>C3</b>	Enter assigned position – PIC or SIC or SO.	<b>E1</b>	Enter class of medical certificate.
<b>C4</b>	Enter flight operations requested – Day, Night VFR or IFR	<b>E2</b>	Enter country where medical certificate issued.
<b>C5</b>	Enter pilot base month for Proficiency Check.	<b>E3</b>	Enter date of issue of medical certificate.
<b>C6</b>	Enter company/business name, if applicable.	<b>E4</b>	Enter name of medical examiner.
<b>C7</b>	Enter Organization Certificate number, if applicable.	<b>F1</b>	Airman – Read before signing.
<b>C8</b>	Enter telephone number.	<b>F2</b>	Enter date signed.
<b>C9</b>	Enter Fax number.	<b>F3</b>	Airman's signature.
<b>C10</b>	Enter date signed by company official.	<b>F4</b>	Enter full name of airman.
<b>C11</b>	Company Official's signature.	<b>G1</b>	Examiner - Read before signing on I6.
<b>C12</b>	Enter full name and title of company official.	<b>G2-G5</b>	Mark the boxes the Examiner reviewed to be current and complete
<b>D1</b>	Enter airman full name, last name first.	<b>G6-G7</b>	Enter the specific documents submitted by the Airman, if applicable.
<b>D2</b>	Enter Airman PEL Number & Type of License.	<b>H1 – 4</b>	Mark the applicable type of check and the results – A – Satisfactory, b – Needs further training, etc.
<b>D3</b>	Enter rating(s) issued.	<b>I1 - 3</b>	Mark the applicable box by whom check performed and enter name and PEL number.
<b>D4</b>	Enter contact number of the Airman.	<b>I4</b>	Enter date Check performed.
<b>D5</b>	Enter country where airman certificate was issue.	<b>I5</b>	Signature of person performing Check.
<b>D6</b>	Enter date airman certificate issued.	<b>I6</b>	Enter full name, title and PEL Number of person performing Check.
<b>D7</b>	Enter date airman certificate to expire.	<b>J.</b>	Enter additional remarks or notes.