



NOTICE OF REQUIRED RE-CHECK

[STANDARDS NOT MET OR INCOMPLETE SKILL TEST]

INSTRUCTIONS
A copy of this document must be provided to the RCAA Authorized Person at the time of re-examination

A. THE SKILL TEST FOR THE FOLLOWING LICENSE: <input type="checkbox"/> DID NOT MEET STANDARDS <input type="checkbox"/> WAS NOT COMPLETED		
1 <input type="checkbox"/> PRIVATE PILOT	5 <input type="checkbox"/> FLIGHT INSTRUCTOR	9 <input type="checkbox"/> AVIATION MAINTENANCE TECHNICIAN
2 <input type="checkbox"/> COMMERCIAL PILOT	6 <input type="checkbox"/> FLIGHT ENGINEER	10 <input type="checkbox"/> AVIATION MAINTENANCE SPECIALIST
2 <input type="checkbox"/> AIRLINE TRANSPORT PILOT	6 <input type="checkbox"/> FLIGHT NAVIGATOR	10 <input type="checkbox"/> AERONAUTICAL STATION OPERATOR
3 <input type="checkbox"/> MULTI-CREW PILOT	7 <input type="checkbox"/> PARACHUTE RIGGER	11 <input type="checkbox"/> OTHER:
4 <input type="checkbox"/> SPORT AVIATION PILOT	8 <input type="checkbox"/> AIR TRAFFIC CONTROLLER	

B. THE RATING INVOLVED: *(specify)*

C. DATE OF THIS SKILL TEST:	NOTICE This document expires 60 calendar days after the date of this skill test. Should that occur, the entire skill test must be repeated.
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D. APPLICANT INFORMATION:			
1. PEL NUMBER <i>(License Number)</i>	4. PERMANENT ADDRESS <i>(House Number, Street)</i>		
2. NAME <i>(Last, First, Middle)</i>	5. CITY	PROVINCE	ZIP CODE COUNTRY
3. TELEPHONE	6. EMAIL		

E. IF AIRCRAFT WAS USED:			
1. AIRCRAFT MAKE/MODEL	2. PILOT TOTAL HOURS	3. PILOT DUAL HOURS	4. PILOT INSTRUMENT HOURS

F. THE AREAS FOUND NOT SATISFACTORY: <i>(List using Skill Test Standard paragraph numbers)</i>	NOTICE A new application, with an instructor's endorsement, is required if there are any STS paragraph entries in Section F.
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G. THE AREAS NOT ACCOMPLISHED: *(List using Skill Test Standard paragraph numbers)*

H. THE SUBSEQUENT SKILL TEST WILL CONSIST OF (AT A MINIMUM) THE FOLLOWING: <i>(List using Skill Test Standard paragraph numbers)</i>	NOTICE RCAA retains the right to have its authorized representative re-check any previously acceptable Areas of Operation or Subjects.
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I. ADDITIONAL NOTES:

J. RCAA AUTHORIZED PERSON CERTIFICATION:		
1. DATE	2. TITLE OR DESIGNATION NUMBER	3. SIGNATURE