



GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE
AIRCRAFT PROFICIENCY CHECK

FORM: OPS/2555
 Origin: Flight Operations

GCAA AIRCRAFT PROFICIENCY CHECK (APC)	
NAME OF PILOT:	
LICENCE #:	MEDICAL EXPIRY DATE:
EMPLOYED BY:	DATE OF CHECK:
BASED AT:	TYPE OF CHECK:
PIC OR SIC:	REGISTRATION:
TYPE AIRCRAFT:	FLIGHT TIME:
TYPE SIMULATOR:	SIMULATOR TIME:

GRADE: S = Satisfactory, S/B = Satisfactory with Briefing, U = Unsatisfactory		
Type of Operation or Procedure	GRADE	NOTES
1. Ground Operations		
(a) Document checks		
(b) Preflight, Equip. and Instrument checks		
(c) Taxiing		
(d) Powerplant Checks		
2. Takeoffs		
(a) Normal/Crosswind		
(b) Max. Performance		As applicable.
(c) Rejected Take-off		
(d) With Powerplant Failure		
(e) No Hover		As applicable.
3. Instrument Procedures		
(a) Instrument Takeoff		IMC actual or simulated at 200 ft.
(b) Area Departure		May be waived if 3 (c) assessed.
(c) Area Arrival		May be waived if 3 (b) assessed.
(d) Holding		
(e) Normal ILS approach		May be waived on multi-engine a/c.
(f) ILS – Simulated Powerplant failure		
(g) Coupled ILS Approach		When applicable.
(h) Landing from an ILS		
(i) Non-Precision Approach (VOR/RNAV)		
(j) Missed Approach – Powerplant failure		
(k) Normal Missed Approach		May be waived for multi-engine a/c.



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4. Inflight Maneuvers		
(a) Steep Turns		
(b) Approaches to Stalls		
(c) Specific Flight Characteristics		As applicable.
(d) Powerplant Failure		
5. Landings		
(a) Normal/Crosswind Landing		
(b) No Hover		As applicable.
(c) Landing with Failed Engine		
(d) Rejected Landing		
6. Abnormal Procedures		
(a) Hydraulic Failure		
(b) Electrical Failure		
(c) Flaps Failure		
(d) Anti-Torque Failure		As applicable.
(e) Autorotation		As applicable.
7. Other Events		Examiner's discretion.
(a)		
(b)		
(c)		
Pilots of AOC Holders: APC every 6 Months (Requirements for Operations - RFO 8.10.1.20 (a). IPC every 12 Months RFO 8.4.1.10 (a) Pilots of General Aviation: APC every 12/24 Months – multi-pilot/single pilot (RFO 8.4.1.11 (a)/(c).		
REMARKS:		
 ☐ SATISFACTORY		
 ☐ UNSATISFACTORY		
Inspector/Approved Check Airman Name: _____		
Inspector/Approved Check Airman Signature: _____ LIC#: _____		