



NOTICE OF REQUIRED RE-CHECK

[STANDARDS NOT MET OR INCOMPLETE SKILL TEST]

INSTRUCTIONS

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

A. THE SKILL TEST FOR THE FOLLOWING LICENSE	DID NOT MEET STANDARDS	WAS NOT COMPLETED
1 <input type="checkbox"/> PRIVATE PILOT	6 <input type="checkbox"/> FLIGHT INSTRUCTOR	11 <input type="checkbox"/> AVIATION MAINTENANCE TECHNICIAN
2 <input type="checkbox"/> COMMERCIAL PILOT	7 <input type="checkbox"/> FLIGHT ENGINEER	12 <input type="checkbox"/> AVIATION MAINTENANCE SPECIALIST
3 <input type="checkbox"/> AIRLINE TRANSPORT PILOT	8 <input type="checkbox"/> FLIGHT NAVIGATOR	13 <input type="checkbox"/> AERONAUTICAL STATION OPERATOR
4 <input type="checkbox"/> MULTI-CREW PILOT	9 <input type="checkbox"/> FLIGHT DISPATCHER	14 <input type="checkbox"/> OTHER:
5 <input type="checkbox"/> SPORT AVIATION PILOT	10 <input type="checkbox"/> GROUND INSTRUCTOR	

B. THE RATING(S) 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>(Family (Last), Middle, Given (First))</i>	5. CITY STATE/DISTRICT/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
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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 CAAV 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. CAAV AUTHORIZED PERSON CERTIFICATION:

1. DATE	2. TITLE OR DESIGNATION NUMBER	3. SIGNATURE
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(These instruction pages shall be removed before sending)

Completion Instructions for Form 557

Block	Instruction to enter information	Block	Instruction to enter information
A	THE SKILL TEST FOR THE FOLLOWING LICENSE: Check the applicable box	F	THE AREAS FOUND NOT SATISFACTORY:
A1-14	Check the applicable box		List areas found not satisfactory using Skill Test Standard paragraph numbers
B	Specify the rating(s) involved	G	THE AREAS NOT ACCOMPLISHED: List using Skill Test Standard paragraph numbers
C	Enter date of this skill test (DD/MM/YYYY)	H	THE SUBSEQUENT SKILL TEST WILL CONSIST OF (AT A MINIMUM) THE FOLLOWING: (List using Skill Test Standard paragraph numbers)
D	APPLICANT INFORMATION:	I	Enter ADDITIONAL NOTES if any
D1	Enter PEL Number	J	CAAV AUTHORIZED PERSON CERTIFICATION:
D2	Enter full name (Last, Middle, First).	J1	Enter date of certification
D3	Enter phone number	J2	Enter Title or designation number
D4	Enter permanent street address	J3	CAAV authorized person sign
D5	Enter city, state/district/province, zip code, and country of permanent address.		
D6	Enter email		
E	IF AIRCRAFT WAS USED enter the following information:		
E1	Enter AIRCRAFT MAKE/ MODEL		
E2	Enter PILOT TOTAL HOURS		
E3	Enter PILOT DUAL HOURS		
E4	Enter PILOT INSTRUMENT HOURS		