

# Application for the approval of an Aviation Language Proficiency Test

Application for the approval of an Aviation Language Proficiency Test according to Civil Aircrew Notice FCL 7

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

## 1 Type of application

Application for the approval of an Aviation Language Proficiency Test according to Civil Aircrew Notice FCL 7.

## 2 Applicant

Name

Street

Place

Postal

Country

Telephone

E-Mail

## 3 Test Administrator and contact person for ACG

Title

First Name

Last Name

Telephone

E-Mail

## 4 Responsible Test Design and Development Expert / Test Maintenance Expert

Title

First Name

Last Name

Telephone

E-Mail

Telephone

E-Mail

## 5 Responsible Language Proficiency Examiner (LPE)

Title

First Name

Last Name

Telephone

E-Mail

## 6 Responsible Language Proficiency Linguistic Expert (LPLE)

Title

First Name

Last Name

Telephone

E-Mail

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## 7 Further Specialists

	Name	Expertise
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

## 8 Attachments (Please attach, if not specified differently, copies of the listed documents to the application)

- CV of Test Administrator and contact person for ACG
- CV of responsible Test Development and Test Maintenance Expert
- CV of responsible Language Proficiency Examiner (LPE)
- CV of responsible Language Proficiency Linguistic Expert (LPLE)

## 9 Signature

Place	Date	Signature of Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>