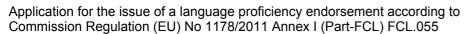
Application for a language proficiency endorsement





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 app	olication							
Anne	ex I (Part-FCL)	FCL.055 for the	proficiency endo following languation to the following languation to the following language in the following the f	age:	rdance	with Commission	Regulatio	n (EU) No 1178/2011	
German (after passing a language proficiency test - see section 4.1)									
	German (after info	ormal assessment to	attest German nativ	re language skills - s	ee sectio	n 4.2)			
2	Applicant								
ΑP	PLICANT'	S LICENC	E NUMBER	₹:					
Title First Name						Last Name			
Street				Place)		Postal	Country	
Telephone				E-Ma	il				
Plac	e [Date	Signature of A	pplicant					
3 Invoice accepted by / to be sent to									
— ·· — · · · — · · · · · · · · · · · ·									
Company (name/address) Signature									
4		<u> </u>		•		nguage proficien			
4.1	The protocol of successful completion of the language proficiency test is attached to the application (in copy) or was submitted electronically to sprachkompetenz@austrocontrol.at .								
	submitted electronically to <u>spracnkompetenz@austrocontrol.at</u> . Confirmation of the examiner: (Only required for test procedures that are not supervised by Austro Control GmbH.)								
	First Name (Ex			Last Name (Examiner)			Licence Number (Examiner)		
	(,						(
						adherence to Cor			
	Place	Date	•	055, Acceptable Means of Compliance (AMC) and ICAO Doc 9835. Signature of Examiner					
4.2	Alternatively: F	Proof of Level 6	German languag	e skills					
	Confirmation	of the examine	endorsem	This confirmation may only be issued by examiners who hold a Level 6 German language proficiency endorsement. If the licence has not been issued by Austro Control GmbH a copy of the examiner's pilot licence must be attached to the application.					
	First Name (Ex	aminer)	Last Na	Last Name (Examiner)			Licence Number (Examiner)		
	I confirm that t	he applicant nai	ned above demo	onstrated native	Germar	n language skills.			
	Place	Date	Signatu	Signature of Examiner					