

CAMPBELL HELICOPTERS LTD.

RECOMMENDATION FOR A PPC OR PPC (VFR) CHECK

Date: _____

Candidate: _____ License No: _____

Medical Certificate valid to: _____

This is to certify that the above named pilot has successfully completed the

- Initial
- Recurrent

ground and flight training program in accordance with Section 6 of the Campbell Helicopters Ltd. Company Operations Manual and Sections 702.76, 703.98 and/or 704.115 of the Canadian Aviation Regulations.

Total Initial Flight Training: _____ Hrs.

Total Recurrent Flight Training (Past 12 month) _____ Hrs.

The above named candidate is hereby recommended for a

- Pilot Proficiency
- Instrument Rating

check/test on a _____ aircraft.

(Type)

Signature of Recommending Person

License Number

Date

Operations Manager

Chief Pilot

Training Pilot