

_____ [Date] (dd/mm/yyyy)

 _____ [Applicant's name and address]

Dear _____ [Applicant's last name]

On this date you successfully completed the oral portion of the skill test for a _____ [Indicate grade].
 license with an _____ category and _____ [Indicate class or type].
 [Indicate category] [Indicate class or type]
 class or type rating. The skill test/proficiency check was discontinued because of _____. [Indicate reason]
 [Indicate reason]
 If application is made by _____, this letter may be used to show
 [Indicate a date 60 days from date of letter]
 the following portions of the skill test which have been completed satisfactorily.

 _____ [Indicate pilot operations completed on the test]

After _____, you must repeat the entire skill test.
 [Indicate expiration date] (dd/mm/yyyy)

This letter does not extend the expiration date as shown on the knowledge test results, medical certificate, or required endorsements.

Sincerely,

 _____ **Participant's Name** _____
 [Signed by the inspector/examiner conducting the skill test]