

Application for Revalidation of AACM Authorized Examiner Approval

Please Print or Type

SECTION 1 NOMINEE DETAILS

<i>Family Name</i>		<i>Given Name</i>	
<i>Place and Date of Birth (dd/mm/yyyy)</i>	<i>Nationality</i>		<i>Pilot's License Number</i>
<i>Current Authorization Number</i>		<i>Current Authorization Expiry Date (dd/mm/yyyy)</i>	
<i>Residential Address</i>			
<i>Postal Address (if different)</i>			
<i>Contact details</i>	Tel: () _____		Mobile: () _____
	Fax: () _____		Email: _____

SECTION 2 SPONSOR DETAILS

<i>Company Name</i>		<i>AOC Number (if applicable)</i>	
<i>Contact Person</i>			
<i>Position within the Organization</i>			
<i>Postal Address</i>			
<i>Contact details</i>	Tel: () _____		Mobile: () _____
	Fax: () _____		Email: _____

SECTION 3 AUTHORITY REQUESTED

<p>1. This revalidation is requesting for</p> <p><input type="checkbox"/> the SAME privilege(s) as approved in current (last) term of authorization (or)</p> <p><input type="checkbox"/> DIFFERENT privilege(s) from approved in the current (last) term of authorization</p> <p>(if different, please specify change(s) _____)</p> <p><i>Attention: If the change involves <u>adding new aircraft type</u>, it must be <u>applied as initial application</u></i></p>	
<p>2. to conduct (check all appropriate)</p> <p><input type="checkbox"/> Pilot Proficiency Check (PPC)</p> <p><input type="checkbox"/> Instrument Rating Test (IRT)</p> <p><input type="checkbox"/> Low Visibility Operations (LVO) Check</p>	
<p>3. on the Aircraft Type (1)</p>	<p>in _____</p> <p>(Aircraft and/or Simulator)</p>
<p>(and) the Aircraft Type (2) (if applicable)</p>	<p>in _____</p> <p>(Aircraft and/or Simulator)</p>
<p>Remarks:</p>	

SECTION 4 FLYING PROFICIENCY AND EXAMINER CURRENCY REQUIREMENTS

<p>1. Does the nominee possess any proof of flying proficiency in the type to which checking authority is sought?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>2. Has the nominee performed at least <u>10 check rides every 12 months?</u> (Note: if yes, submit copy of all checkride conducting records as Item 2 in Section 5)</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>3. Has the nominee successfully completed an annual monitor conducted by AACM while the nominee was conducting a recurrent PPC / IRT?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>4. Has the nominee attended any Authorized Examiner (AE) initial or refresher training within the last 5 years?</p> <p>Date of last AE training completed (dd/mm/yyyy) _____</p> <p>(Note: if yes, submit record of last AE training received as Item 3 in Section 5)</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

SECTION 5 DOCUMENT SUBMISSION CHECK LIST

Check if the following documents are provided with the application

Document Item	“✓” if Doc enclosed
1. Resume of the Nominee (<i>IF conflict of interest exists, please explain the existing conflict in the resume</i>)	<input type="checkbox"/>
2. Record of meeting Recency requirement for the current AE appointment term (<i>at least 10 check rides conducted every 12 months</i>)	<input type="checkbox"/>
3. <i>IF attended AE training in the last 5 years</i> , record of last AE training received	<input type="checkbox"/>

SECTION 6 DECLARATION

Sponsor	
<p>1. <i>I have read and understood all the content and remarks in this application, and have provided all real information and supporting document requested in this application;</i></p> <p>2. <i>After investigating the nominee’s background, qualification, experience, personal character and motives, I hereby confirm that the nominee is a suitable candidate as the authorized examiner for this company to exercise the requested authority.</i></p>	
<i>Representative’s Printed Name</i>	<i>Position within the Organization ⁽¹⁾</i>
<i>Representative’s Signature</i>	<i>Date of Signing (dd/mm/yyyy)</i>
<p><i>Note ⁽¹⁾: The Accountable Manager or any of the following relevant Post-Holders in the organization are considered the appropriate representative: (Relevant Post-Holders are those responsible for: 1. Flight Operations, or 2. Crew Training) However, if any of the above relevant Post-Holder is the nominee, the application must be signed by the Accountable manager of the company.</i></p>	
Nominee	
<p>1. I declare that <input type="checkbox"/> <u>there is NO conflict of interest</u> for myself being an authorized examiner for this company (or) <input type="checkbox"/> <u>there is conflict of interest</u> for myself being an authorized examiner for this company (<i>Note: an explanation of conflict of interest in resume in Item 1 of Section 5 is needed</i>)</p> <p>2. I hereby certify that all provided information and statement declared above are correct, and agree to be nominated as an authorized examiner for the authority requested in the current application.</p>	
<i>Nominee’s Signature</i>	<i>Date of Signing (dd/mm/yyyy)</i>

