

## Application for 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>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

1. This application is requesting for <input type="checkbox"/> an initial authorized examiner approval (or) <input type="checkbox"/> an ADDITIONAL Type checking authority to existing authorized examiner approval	
2. to conduct (check all appropriate) <input type="checkbox"/> Pilot Proficiency Check (PPC) <input type="checkbox"/> Instrument Rating Test (IRT) <input type="checkbox"/> Low Visibility Operations (LVO) Check	
3. on the Aircraft Type (1)	in _____ (Aircraft and/or Simulator)
(and) the Aircraft Type (2) (if applicable)	in _____ (Aircraft and/or Simulator)
Remarks:	

### SECTION 4 QUALIFICATIONS & FLIGHT EXPERIENCE OF NOMINEE

1. Does the nominee hold a valid ATPL with a valid Instrument Rating and endorsed for type as PIC which authorization is sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the nominee have previous experience as a training pilot (or hold an Instructor's rating) for the relevant aircraft type to which checking authority is sought? (Note: if yes, submit proofing document as <b>part of Item 3 in Section 5</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the nominee possess any proof of flying proficiency in the type to which checking authority is sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the nominee accumulated a minimum of 1000 flight hours as PIC and 500 hours as PIC on type? (Note: if yes, submit copy of related logbook pages as <b>Item 2 in Section 5</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the nominee successfully completed an approved examiner training program? (Note: if yes, submit proofing document as <b>part of Item 3 in Section 5</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the nominee monitored at least 2 Pilot Proficiency Checks on type? (Note: if yes, submit proofing document as <b>part of Item 3 in Section 5</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the nominee have at least six months experience as a Line Captain in the type to which checking authority is sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does the nominee demonstrate a thorough knowledge of the sponsor's operations manual, operating specification, SOPs and applicable aircraft flight and operating manuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. After sponsor's investigation on the nominee's background, character and motives, has any conflict of interest been found on the nominee for being an examiner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 5 DOCUMENT SUBMISSION CHECK LIST**

*Check if the following documents are provided with the application*

Document Item	“✓” if Doc Submitted
1. Resume of the Nominee ( <i>IF conflict of interest exists, please explain the existing conflict in the resume</i> )	<input type="checkbox"/>
2. Proof of meeting Flying Experience requirement including total and on type PIC hours (e.g. copy of relevant log book pages)	<input type="checkbox"/>
3. Other Certificates as proof of Nominee’s aviation background, training record, qualification and experience relevant to AE application (if applicable)	<input type="checkbox"/>

**SECTION 6 DECLARATION**

<b>Sponsor</b>	
<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 <sup>(1)</sup></i>
<i>Representative’s Signature</i>	<i>Date of Signing (dd/mm/yyyy)</i>
<p><i>Note<sup>(1)</sup>: 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. <b>Flight Operations</b>, or 2. <b>Crew Training</b> ) 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>	
<b>Nominee</b>	
<p>1. I declare that <input type="checkbox"/> <u>there is <b>NO</b> 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 <b>Item 1 of Section 5</b> 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>

**FOR INTERNAL USE ONLY**

(This part should ONLY be filled by AACM personnel)

\_\_\_\_\_ (nominee's name)

“✓” if Done	Check Item	Signature / Date (DD/MM/YY)
<b>N1 Application</b>		
<input type="checkbox"/>	Required document collection was completed; <input type="checkbox"/> <i>Qualification (Resume &amp; Certifications)</i> <input type="checkbox"/> <i>Initial Experience and Flying Proficiency ( log book pages + valid PPC)</i> <input type="checkbox"/> <i>License &amp; Ratings / Medical</i> <input type="checkbox"/> <i>Background (Rec of Instruction / Supervision / Flying / Attitude / Behavioral)</i>	
<b>N2 Verification</b>		
<input type="checkbox"/>	Qualifications of nominee was verified, the requirement was met;	
<b>N3 Briefing / Training</b>		
<input type="checkbox"/>	Nominee was briefed / trained on flight check procedures, requirements and technique, assesment standards, and contents and intepretation of pertient publications;	
<b>N4 Assessment</b>		
<input type="checkbox"/>	Nominee has satisfactorily demonstrated to AACM the ability in conducting a PPC in the aircraft type for which approval to be sought ;	
<b>Recommended:</b> <input type="checkbox"/> Yes ( To <b>N5.1</b> ) <input type="checkbox"/> No, reason to reject: _____ (To <b>N5.2</b> )		
_____ Inspector (Print and Sign)		_____ (Date: DD/MM/YY)
<b>N5 Notification</b>		
<input type="checkbox"/>	<b>If Recommended</b> N5.1a) <u>Approval Notice</u> was issued to operator for Approval pick up;	
<input type="checkbox"/>	N5.1b) <u>Guidance for Authorized Examiner</u> (latest copy) was issued; <u>Receipt Acknowledge</u> was signed by Nominee.	
<input type="checkbox"/>	<b>If “NOT” Recommended</b> N5.2) <u>Letter of Denial</u> was issued to operator.	
Remarks:		