澳門特別行政區
REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU

民航局
AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

Application for Revalidation of AACM Authorized Examiner Approval

Please Print or Type

SECTION 1 NOMINEE DETAILS

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

SECTION 2 SPONSOR DETAILS

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

SECTION 3 AUTHORITY REQUESTED

1. This revalidation is requesting for
   - ❑ **the SAME privilege(s) as approved in current (last) term of authorization** (or)
   - ❑ **DIFFERENT privilege(s) from approved in the current (last) term of authorization**

   (if different, please specify change(s) _____)

Attention: If the change involves adding new aircraft type , it must be applied as inititial application

2. to conduct *(check all appropriate)*
   - ❑ Pilot Proficiency Check (PPC)
   - ❑ Instrument Rating Test (IRT)

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 FLYING PROFICIENCY AND EXAMINER CURRENCY REQUIREMENTS

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

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 (*IF conflict of interest exists, please explain the existing conflict in the resume*)	❑
2. Record of meeting Recency requirment for the current AE appointment term (*at least 10 check rides conducted every 12 months*)	❑
3. *IF attended AE training in the last 5 years,* record of last AE training received	❑

SECTION 6 DECLARATION

Sponsor

1. *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;*

2. *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.*

Representative's Printed Name	*Position within the Organization (1)*
Representative's Signature	*Date of Signing (dd/mm/yyyy)*

Note (1) : The Accountable Manager or any of the following relevant Post-Holders in the organization are considered the appropriate representative:
(Relevent 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.

Nominee

1. I declare that ❑ there is **NO** conflict of interest for myself being an authorized examiner for this company
(or)
❑ there is conflict of interest for myself being an authorized examiner for this company
(Note: an explanation of conflict of interest in resume in ***Item 1 of Section 5*** *is needed)*

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 authroity requested in the current application.

Nominee's Signature	*Date of Signing (dd/mm/yyyy)*

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)
R1	**Application**	
❑	Required document submitted; ☐ *Qualification (Resume & Certifications)* ☐ *Proof of Flying Proficiency (copy of valid PPC record)* ☐ *Proof of Currency Fulfillment* ☐ *License & Ratings / Medical /AE Surveillance Records* ☐ *Background (Rec of Instruction / Supervision / Flying / Attitude / Behavioral)*	
R2	**Currency & Annual Examiner Surveillance**	
❑	The following requirements were met; ☐ *"Currency" requirement met (10 check rides in every 12 Months);* ☐ *"AE Surveillance" – Successfully completed an annual monitor performed by AACM when conducting a recurrent PPC or IRT;*	
R3	**Briefing / Training**	
❑	Last AE briefing (or refresher training) was attended within last 5 years	
R4	**Verification**	
❑	Qualifications & Background *(including AE duty records)* of nominee was verified and the standards was met;	

Recommended: ☐ Yes *(To R5.1)*
☐ No, reason to reject:_____ *(To R5.2)*

_____ _____
Inspector (Print and Sign) (Date: DD/MM/YY)

R5	**Notification**	
❑	**If Recommended** R5.1 Approval Notice was issued to operator for Approval pick up;	
❑	**If "NOT" Recommended** R5.2 Notification of Denial issued to operator.	

Remarks: