澳門特別行政區
REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU

民航局
AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

Application for 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*
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 application is requesting for ❑ **an initial authorized examiner approval** (or) ❑ **an ADDITIONAL Type checking authority to existing authorized examiner approval**	
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 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?	❑ Yes	❑ 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 **part of Item 3 in Section 5**)*	❑ Yes	❑ No
3. Does the nominee possess any proof of flying proficiency in the type to which checking authority is sought?	❑ Yes	❑ 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 **Item 2 in Section 5**)*	❑ Yes	❑ No
5. Has the nominee successfully completed an approved examiner training program? *(Note: if yes, submit proofing document as **part of Item 3 in Section 5**)*	❑ Yes	❑ No
6. Has the nominee monitored at least 2 Pilot Proficiency Checks on type? *(Note: if yes, submit proofing document as **part of Item 3 in Section 5**)*	❑ Yes	❑ No
7. Does the nominee have at least six months experience as a Line Captain in the type to which checking authority is sought?	❑ Yes	❑ 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?	❑ Yes	❑ 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?	❑ Yes	❑ 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 (*IF conflict of interest exists, please explain the existing conflict in the resume*)	❑
2. Proof of meeting Flying Experience requirement including total and on type PIC hours (*e.g. copy of relevent log book pages*)	❑
3. Other Certificates as proof of Nominee's aviation background, training record, qualification and experience relevent to AE application (*if applicable*)	❑

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)
N1	**Application**	
❑	Required document collection was completed; ☐ *Qualification (Resume & Certifications)* ☐ *Initial Experience and Flying Proficiency (log book pages + valid PPC)* ☐ *License & Ratings / Medical* ☐ *Background (Rec of Instruction / Supervision / Flying / Attitude / Behavioral)*	
N2	**Verification**	
❑	Qualifications of nominee was verified, the requirement was met;	
N3	**Briefing / Training**	
❑	Nominee was briefed / trained on flight check procedures, requirements and technique, assessement standards, and contents and intepretation of pertient publications;	
N4	**Assessment**	
❑	Nominee has satisfactorily demonstrated to AACM the ability in conducting a PPC in the aircraft type for which approval to be sought ;	

Recommended: ☐ Yes *(To **N5.1**)*
☐ No, reason to reject:_____ *(To **N5.2**)*

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

N5	**Notification**	
❑	**If Recommended** N5.1a) Approval Notice was issued to operator for Approval pick up;	
❑	N5.1b) Guidance for Authorized Examiner (latest copy) was issued; Receipt Acknowledge was signed by Nominee.	
❑	**If "NOT" Recommended** N5.2) Letter of Denial was issued to operator.	

Remarks: