

Application for Revalidation of AACM Authorized Examiner Approval

Please Print or Type

Family Name			Given iname	
Place and Date of Birth (o	dd/mm/yyyy)	Nationality		Pilot's License Number
Current Authorization Nu	mber		Current Authorization E	Expiry Date (dd/mm/yyyy)
Residential Address		,		
Postal Address (if differen	nt)			
Contact details	Tel: ()		Mobile: ()
	Fax: ()		Email:	
SECTION 2 SPONS	OR DETAILS			
Company Name			AOC Number (if applica	able)
Contact Person		-		
Position within the Organ	ization			
Postal Address				
Contact details	Tel: ()		Mobile: ()
	Fax: ()		Email:	

SECTION 3 AUTHORITY REQUESTED

 This revalidation is requesting for the SAME privilege(s) as approved in current (last) term of DIFFERENT privilege(s) from approved in the current (last) 		(or) ization	
(if different, please specify change(s)			_)
Attention: If the change involves <u>adding new aircraft type</u> , it must be <u>appli</u>	ed as initital app	lication	
2. to conduct (check all appropriate) Pilot Proficiency Check (PPC) Instrument Rating Test (IRT) Low Visibility Operations (LVO) Check			
3. on the Aircraft Type (1)	in(Aircraft a	nd/or Simulato	or)
(and) the Aircraft Type (2) (if applicable) in(Aircraft a		and/or Simulator)	
Remarks:			
SECTION 4 FLYING PROFICIENCY AND EXAMINER CURRENCY	REQUIREMEN	ΙΤЅ	
Does the nominee possess any proof of flying proficiency in the checking authority is sought?	type to which	☐ Yes	☐ No
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)			☐ No
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

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		Document Item	"√" if Doc enclosed
(at least 10 check rides conducted every 12 months)	1.		
3. <u>IF attended AE training in the last 5 years</u> , record of last AE training received	2.		
	3.	IF attended AE training in the last 5 years, record of last AE training received	

SECTION 6 DECLARATION

SECTION O DECEMBATION			
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)		
the appropriate representative: (Relevent Post-Holders are those respor	ng relevant Post-Holders in the organization are considered insible for: 1. Flight Operations , or 2. Crew Training) Ider is the nominee, the application must be signed by the		
Nominee			
	nyself being an authorized examiner for this company (or) elf being an authorized examiner for this company of interest in resume in Item 1 of Section 5 is needed)		
 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)
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"√" if Done	Check Item	Signature / Date	
R1	Application	(DD/MM/YY)	
	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	I	
	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.		
Remark	S:		