



**Civil Aviation Authority of Fiji**  
**Application for Appointment or**  
**re - Appointment as Authorised Examiner/Check Captain**  
**- Pilots**

Form  
**OP 108A**

1. I, the undersigned, being a representative of .....

(FULL ADDRESS) .....

.....

.....

hereby nominate .....who is employed by this company, for approval as an Examiner/Check Captain to conduct tests and sign.

- a. Certificates of Test for Instrument Rating Renewals Proficiency \* (\*) delete as applicable
- b. Certificates of Test for Base Check Proficiency\*
- c. Certificates of Test for Line Check Proficiency\*

2. Employed by us in the following capacity .....

.....

3. I have verified the nominee's Statement of Qualifications. YES NO (circle answer)

4. The number of pilots employed .....

5. The number and types of aircraft operated

TYPE	Number	Signature .....
.....	.....	Name .....
.....	.....	(in BLOCK LETTERS)
.....	.....	Status .....
.....	.....	Date .....

**FOR OFFICIAL USE ONLY**

Statement of qualifications checked YES / NO Signature ..... Date .....

ACCEPT .....

REJECT because .....

Signature ..... Date .....

**(Authorised Examiner/Check Captain (Pilot)/Rotary Wing Application)**

Statement of Qualifications (to be completed in BLOCK letters)

1. Name of nominee .....

2. Name of Employer and base of operations .....

3. Name of previous employer (if applicable) .....

4. Type of aircraft for which appointment is required .....
5. Grade and number of licence .....
6. Types of aircraft in Aircraft Rating .....
7. Experience on all types
- |                          |                   |                 |
|--------------------------|-------------------|-----------------|
| Piston engine aeroplanes | P1 / P1 (s) ..... | P2 / Dual ..... |
| Turbo-prop aeroplanes    | P1 / P1 (s) ..... | P2 / Dual ..... |
| Pure jet aeroplanes      | P1/PI (s).....    | P2/ Dual.....   |
| Heli/Piston Twin/Single  | PI (s).....       | P2/Dual.....    |
| Heli/Turbine Twin/Single | PI/PI (s).....    | P2/Dual.....    |
8. Experience on type in for which appointment is required
- |                      |                  |                 |
|----------------------|------------------|-----------------|
| Total on type        | P1 / P1 (s)..... | P2 / Dual ..... |
| In previous 6 months | P1 / P1 (s)..... | P2 / Dual ..... |
9. Qualifications and experience requirements meet or exceed the minimum Training Manual requirements YES NO (circle answer and include copies of the Training Manual requirements)
10. Detail theoretical training for which appointment is required (example, self study of Principles and Methods of Instruction training document etc).....
- a. Regulatory Authority Authorised Examiner/Check Captain Course
- |                                       |                |
|---------------------------------------|----------------|
| Authority .....                       | Location ..... |
| Inclusive dates of course: From ..... | To.....        |
| Hours flown on course: Aircraft ..... | Simulator..... |
- b. Company training course
- Name of company giving course
- .....
- |  |                 |
|--|-----------------|
| Inclusive dates of course: From .....  | To .....        |
| Hours flown on course : Aircraft ..... | Simulator ..... |
- c. Civil / Military experience as a Pilot Instructor
- .....
- .....

**DECLARATION**

I certify that the above statement is correct and I agree to my nomination for appointment as an Authorised Pilot Examiner/Check Captain for the .....type of aircraft.

Signed ..... Date .....