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.

* 1. Certificates of Test for Instrument Rating Renewals Proficiency \* (\*) delete as applicable
  2. Certificates of Test for Base Check Proficiency\*
  3. Certificates of Test for Line Check Proficiency\*

1. Employed by us in the following capacity
2. I have verified the nominee's Statement of Qualifications.  YES  NO

1. The number of pilots employed

1. The number and types of aircraft operated

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Number | Signature |  |
|  |  | Name |  |
|  |  | Status |  |
|  |  | Date | Click or tap to enter a date. |

# FOR OFFICIAL USE ONLY

Statement of qualifications checked  YES / NO Signature 

Date Click or tap to enter a date.

ACCEPT

REJECT because:

Signature  Date Click or tap to enter a date.

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

Statement of Qualifications (to be completed in **BLOCK** letters)

1. Name of nominee

1. Name of Employer and base of operations

1. Name of previous employer (if applicable)

1. Type of aircraft for which appointment is required

1. Grade and number of licence

1. Types of aircraft in Aircraft Rating
2. **Experience on all types**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Piston engine aeroplanes | P1/P1 (s) |  | P2/Dual |  |
| Turbo-prop aeroplanes | P1/P1 (s) |  | P2/Dual |  |
| Pure jet aeroplanes | P1/P1 (s) |  | P2/Dual |  |
| Hell/Piston twin/ single | P1 (s) |  | P2/Dual |  |
| Hell/ turbine twin/ single | P1/P1 (s) |  | P2/Dual |  |

|  |  |  |  |
| --- | --- | --- | --- |
| P1/P1 (s) |  | P2/Dual |  |
| P1/P1 (s) |  | P2/Dual |  |

1. Experience on type in for which appointment is

required

Total on type In previous 6 months

1. Qualifications and experience requirements meet or exceed the minimum Training Manual requirements

YES NO (circle answer and include copies of the Training Manual requirements)

1. Detail theoretical training for which appointment is required (example, self study of Principles and Methods of

Instruction training document etc

* 1. Regulatory Authority Authorised Examiner/Check Captain Course

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authority |  | | Location |  |
| Inclusive dates of course: | From | Click or tap to enter a date. | To | Click or tap to enter a date. |
| Hours flown on course: | Aircraft |  | Simulator |  |

* 1. 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 Click or tap to enter a date.

# 