

Application for revalidation and renewal Part-FCL Examiner certificate

Date of reception:

False representation statement

Any incorrect information could disqualify the applicant from taking any examination or being granted a personnel licence, certificate, rating, authorisation or attestation.

1. Applicant details to be completed by the applicant

Title: Forename(s): Surname:
 Date of birth (dd/mm/yyyy): Nationality:
 Town of birth: Country of birth:
 Permanent address:
 Postcode:
 Telephone: Alternative telephone number:
 E-mail: Fax number:

2. Address for correspondence (if different from above) to be completed by the applicant

Postal address:

 Postcode:

3. Application to be completed by the applicant

I am applying for:
 Flight examiner FE(A) FE(H) FE(B) FE(As) FE(S)
 Type rating examiner TRE(A) (please specify type):
 Type rating examiner TRE(H) (please specify type):
 Type rating examiner TRE(PL) (please specify type):
 Class rating examiner CRE(A)
 Instrument rating examiner IRE (A) IRE (H) IRE (As)
 Synthetic flight examiner SFE (A) SFE (H) SFE (PL)
 Flight instructor examiner FIE(A) FIE(H) FIE(B) FIE(As) FIE(S)

CAA use only

4. Experience/training	to be completed by the applicant
<input type="checkbox"/> conducted at least 2 skill tests, proficiency checks or assessments of competence every year <input type="checkbox"/> attended an examiner refresher seminar provided by the competent authority or by an ATO and approved by the competent authority, during the last year of the validity period.	
Supporting documentation required with the application: Proof of conduct of 2 Skill tests, Proficiency checks or Assessments Of Competence Certificate of attendance Examiner Refresher Seminar	
CAA use only	

5. Confirmation of assessment of competence	to be completed by the senior examiner
I certify that I have successfully completed an assessment of competence for the revalidation or renewal of an examiner certificate of (name)	
Assessment of competence date:	
Aircraft type and registration: or	
FSTD identification number:	
I further certify that I have examined the applicants documents and that the entries in them meet in full the requirements for the revalidation or renewal the of an examiner certificate.	
Name of senior examiner: Examiner N°	
Signature (examiner): Date:	

8. Declaration of applicant	to be completed by the applicant
I declare that the information provided on this form is correct.	
I have fully reviewed all applicable guidance material and have submitted all of the necessary paperwork for my application to be considered.	
Signature (applicant): Date:	

9. CAA use only

Payment type			
Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	Debit card <input type="checkbox"/>	Electronic transfer <input type="checkbox"/>
Date of issue:	Remarks:		
Prepared by:			
Signed by:			

Evaluation box can be completed by the applicant

Please complete this box afterwards to give us your evaluation of the quality of the service provided

Good Average Poor

Remarks/comments:

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