

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

4. The number of pilots employed

5. The number and types of aircraft operated

Type	Number	Signature	
		Name	
		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/P1 (s)		P2/Dual	
Helix/Piston twin/ single	P1 (s)		P2/Dual	
Helix/ turbine twin/ single	P1/P1 (s)		P2/Dual	

8. Experience on type in for which appointment is required

Total on type In previous 6 months

P1/P1 (s)		P2/Dual	
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