



**APPLICATION FOR THE EXAMINER AUTHORISATION
ISSUE/REISSUE/VARIATION**

Please complete in **BLOCK CAPITALS** using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. PERSONAL DETAILS (see Guidance Notes)

To be completed by the Applicant

Title: Forename(s): Surname:

Date of Birth (dd/mm/yyyy):

Nationality: Town: and Country of birth:

Permanent address.....
..... Postcode:

Address for correspondence (if different from above):
..... Postcode:

Telephone Number: Alternative Telephone Number:

E mail address: Fax Number:

Base Aerodrome:

Daytime contact telephone number (for publication unless specified otherwise at Section 7):

2. APPLICATION (tick / *delete as appropriate)

To be completed by the Applicant

I am applying for: Issue Reissue Variation

Type of authorisation being applied for: Aeroplane Helicopter

Flight Instructor Examiner	<input type="checkbox"/>	Ground Examiner (GRA)	<input type="checkbox"/>
Flight Examiner (CPL)	<input type="checkbox"/>	Ground Examiner (GRH)	<input type="checkbox"/>
Flight Examiner (PPL)	<input type="checkbox"/>	Revalidation Examiner (R) Aeroplanes only	<input type="checkbox"/>
Class Rating Examiner (CRE)	<input type="checkbox"/>	Instrument Rating Examiner (IRE)	<input type="checkbox"/>
Class Rating Examiner* (CRE*)	<input type="checkbox"/>	IR Revalidation* (IRR*)	<input type="checkbox"/>
Ground Examiner (Seaplanes)	<input type="checkbox"/>	Skill Test	<input type="checkbox"/>
Instrument Rating Test (IRT)	<input type="checkbox"/>	Skill Test & IRT	<input type="checkbox"/>

3. RATINGS/AUTHORISATIONS HELD (see Guidance Notes) (tick / *delete as appropriate)
To be completed by the Applicant

Class/Type Ratings: SEP MEP Other (please specify):

Instructor Rating held: SPA MPA IMC Rating only

Instructor Rating held: FI FI (Sea) IRI

CRI A/C Type:

Instructor Rating Restrictions:

No Night Flying Instruction* / Aerobatic Instruction* / Instrument Instruction* / Applied I/F Instruction*

Authorisations held: FE PPL FE CPL FIE CRE CRE/IRR TRE

Ground Instructor Certificate

4. AUTHORISATION REQUIRED (tick appropriate box(es))
To be completed by the Applicant

Examining privileges required for:

Aircraft operated as:	SPA	MPA	
Touring Motor Glider	<input type="checkbox"/>	<input type="checkbox"/>	Aircraft
Single Engine Piston (Landplanes)	<input type="checkbox"/>	<input type="checkbox"/>	STD
Multi Engine Piston (Landplanes)	<input type="checkbox"/>	<input type="checkbox"/>	Public Transport Operations
Other	<input type="checkbox"/>	<input type="checkbox"/>	

5. FLYING EXPERIENCE (see Guidance Notes)
To be completed by the Applicant

Application for Initial Authorisation only

A/C Types:

A – Flight Time as Pilot	Aeroplanes		Helicopters		B – Relevant Instructional Hours
	Day	Night	Day	Night	
Single Engine Piston					Instrument Rating* / IFR* Training
Multi Engine Piston					FIC Training
Piston					Non Approved Ab-initio Training
Turbo Prop					CPL Training
Turbine					ME Training
Total					Total

6. SPONSOR ORGANISATION/COMPANY PARTICULARS (see Guidance Notes)
To be completed by the Sponsor

Company Name: AOC No. if held:

Manager Name: Title:

Sponsors declaration:

I hereby confirm sponsorship for the applicant to be Authorised as indicated below for this company and I also verify the statement of qualifications and experience. CPL skill test IR Skill Test

Reason for requiring Authorisation:

.....

GR R CRE CRE/IRR

Signature: Date:

Note: A GR at more than one sponsoring organisation use a new application for each.

7. DECLARATION OF APPLICANT
To be completed by the Applicant

I declare that the information provided on this form is correct. I further accept that my contact number, as given in Section 1, will be released to the public in connection with my duties as an Examiner.

Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON ABOVE

EXAMINER AUTHORISATION ISSUE/REISSUE/VARIATION – APPLICATION GUIDANCE

General Guidance

Issue, Reissue and Variations

All Applicants must complete Sections 1 and 7 Applicants must also complete the appropriate sections as indicated in the table below.

	Section 3 Not required for Reissue	Section 4	Section 5 Not required for Reissue	Section 6
FIE	√	√	√	√*
FE CPL	√	√	√	
FE PPL	√	√	√	√**
CRE	√	√	√	√**
IR Revalidation	√	√	√	√
GRA	√		√	√
GRH	√		√	√
R	√		√	√
IRE	√	√	√	√**

* Applicable only to applicants for the FE CPL wishing to exercise privileges.

** Section 6 must be completed if wishing to conduct the operator proficiency check for a public transport operation.

Transfer (GRA, GRH, R, FE CPL, and CRE) Applicants must complete sections 1, 6 and 7.

Section 1 Personal Details

In all cases enter complete licence number, name and base aerodrome. The base aerodrome will be used for purpose of publication of Examiners by geographical location. The correspondence address should be completed if different to the address shown on the front of your licence. To apply for change of address on your licence a Change of Address Request Form should be completed. Please note that your contact telephone number given at Section 1 will be published, unless the agreement to do so, given at Section 7 is deleted.

Section 3 Ratings/Authorisations held

Tick the boxes to indicate the ratings held on your Licence.

Flight Instructor Rating – delete the restrictions not relevant to your rating.

Tick the boxes to indicate which Examiner authorisations are currently held.

Applicants are to ensure that all required ratings are valid at the time of test.

Section 5 Flying Experience

Enter the total of your instructional hours in the box relevant to each type of instruction listed. In cases where the basic requirements are not met and it is felt that alternative experience can be put forward for consideration in lieu of the shortfall please give further details in writing on a separate sheet.

Note: Instrument Rating/IFR requirements reflect relevant logged IFR time. Where time recorded is instrument flight time solely by reference to instruments this will be allowed at 4: 1 (i.e. 1 hour = 4 hours IFR).

Section 6 Sponsor Organisation/Company Particulars

To be completed in full by the Manager of the sponsoring organisation. If sponsorship is required at more than one sponsoring organisation use a new application for each.

Section 7 Declaration

Please note that the contact telephone number as stated in Section 1 will be made available to the public unless the agreement to this effect is deleted in Section 7.