

## **Examiner Authorisation – Application Form**

									[	Iss	ue/Renewal	Revalidation
Date of Birth: Name (las			st, first, middle)					Address				
Postal code	City			E-ma	il				Phone nur Work	mber	Private	Mobile
Application for: (ST = Skill test, PC=Proficiency check, AC = Assessment of competence, IR = IR Revalidation/renewal privileges Category of examiner authorisation:												
				PC	ST	IR	AC	,	Aditio	nal info	ormation (type, sp	o/mp ops etc)
Flight ExaminerFE Class Rating ExaminerCRE Instrument Rating ExaminerIRE Flight Instructor ExaminerFIE Type Rating ExaminerTRE Synthetic Flight ExaminerSFE												
Examiner cou	urse atten	ded; Date:			Place:							
Revalidation Tests performe	n of Exan	niner auth	orisation or	nly: as Exam	iner :							
	ST, PC or A											
CRE S	ST, PC or A	ic /	1									
IRE S	T, PC or A	c /	1									
FIE S	ST, PC or A	.c /	1									
TRE S	T, PC or A	c /	1									
<b>SFE</b> S	T, PC or A	c /	1									
Valid Examiner privileges: (or attach copy of certificate)  Examiner auth. number  Expiry date  I hereby declare that all the information are true and can be documented and that all Prerequisites in PART-FCL subpart K are fulfilled.												
Place:			Date:					Sig	gnature of A	Applicant		
August 2017			l					1				