

Examiner Authorisation – Application Form

] Iss	ue/Renewal		Revalid	lation
Date of Birth: Name (last			t, first, middle)					Address						
Postal code	City			E-mail			L.		Phone num Work	nber	Private	N	1obile	
Application for: (ST = Skill test, PC=Proficiency check, AC = Assessment of competence, IR = IR Revalidation/renewal privileges Category of examiner authorisation:														
				PC S	ST	IR	AC		Aditio	nal info	ormation (type,	sp/mp	o ops etc)
Class Ra Instrume Flight In Type Rat	er miner Examine Examine niner xaminer													
FCL.1 FCL.1	000.b 000.c													
Examiner course attended; Date:					lace:									
Revalidation of Examiner authorisation only: Tests performed each year, last 3 years of validity as Examiner:														
Tests performe	ed each ye	ar, last 3 yea	ers of validity a	as Examine	r:									
FE S	ST, PC or A	ic /	1											
CRE S	ST, PC or A	ic /	1											
IRE S	T, PC or A	c /	1											
FIE S	ST, PC or A	AC /	1											
TRE S	T, PC or A	c /	1											
SFE S	T, PC or A	c I	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: Signature of Applicant														
Place:			Date:					Sig	jiiatuië 01 A	ppiicani				