

**EXAMINER AUTHORISATION ISSUE/REISSUE/VARIATION – APPLICATION**

Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance

- **PAYMENT METHODS.** Please complete form FCS1500.

1. PERSONAL DETAILS (see Guidance Notes)	
CAA Personal reference number (if known)	<input type="text"/>
Surname .....	Forename(s) .....
Title .....	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 8) .....	

2. APPLICATION (tick / *delete as appropriate)	
I am applying for:	
Issue <input type="checkbox"/>	Reissue <input type="checkbox"/> Variation <input type="checkbox"/>
Type of authorisation being applied for:	
Aeroplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>
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* / IR Revalidation* (CRE* / IRR*) <input type="checkbox"/>	Ground Examiner (Seaplanes) <input type="checkbox"/>
170A <input type="checkbox"/>	Skill Test <input type="checkbox"/> IRT <input type="checkbox"/> Skill Test & IRT <input type="checkbox"/>

3. UK/JAR-FCL RATINGS/AUTHORISATIONS HELD (see Guidance Notes) (tick / *delete as appropriate)	
Class/Type Ratings:	SEP <input type="checkbox"/> MEP <input type="checkbox"/> Other (please specify).....
Instructor Rating held:	SPA <input type="checkbox"/> MPA <input type="checkbox"/> IMC Rating only <input type="checkbox"/>
Instructor Rating held:	FI <input type="checkbox"/> FI (Sea) <input type="checkbox"/> IRI <input type="checkbox"/> CRI <input type="checkbox"/> A/C Type .....
Instructor Rating Restrictions:	
No Night Flying Instruction* / No Aerobatic Instruction* / No Instrument Instruction* / No Applied I/F Instruction*	
Authorisations held:	FE PPL <input type="checkbox"/> FE CPL <input type="checkbox"/> FIE <input type="checkbox"/> CRE <input type="checkbox"/> CRE/IRR <input type="checkbox"/> 170A <input type="checkbox"/> TRE <input type="checkbox"/>
	AOPA Ground Instructor Certificate <input type="checkbox"/>

4. AUTHORISATION REQUIRED (tick appropriate box(es))			
Examining privileges required for:			
Aircraft operated as	SPA	MPA	
Touring Motor Glider		N/A	Aircraft
Single Engine Piston (Landplanes)			STD
Multi Engine Piston (Landplanes)			Public Transport Operations
Other			

5. FLYING EXPERIENCE (see Guidance Notes)							
Application for Initial Authorisation only							
		Aeroplanes		Helicopters			
				Single Engine		Multi Engine	
		Day	Night	Day	Night	Day	Night
A – Flight Time as Pilot	Single Engine Piston						
	Multi Engine Piston						
	A/C Types						
	Piston						
	Turbine/Turbo Prop.						
	<b>Total</b>						

B – Relevant Instructional Hours	Instrument Rating* / IFR* Training	
	FIC Training	
	Non Approved Ab-initio Training	
	CPL Training	
	ME Training	
	<b>Total</b>	

6. SPONSOR ORGANISATION/COMPANY PARTICULARS (see Guidance Notes)															
Company Name .....															
Manager Name .....	Title .....														
OCP No. if held <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>O</td><td>C</td><td>P</td><td></td><td></td><td></td><td></td></tr></table>	O	C	P					AOC No. if held <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
O	C	P													
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.															
170A for CPL skill test <input type="checkbox"/>	IR Skill Test <input type="checkbox"/>														
Reason for requiring 170A Authorisation .....															
.....															
GR <input type="checkbox"/>	R <input type="checkbox"/>														
CRE <input type="checkbox"/>	CRE/IRR <input type="checkbox"/>														
Signature .....	Date .....														
<b>Note: A GR at more than one sponsoring organisation use a new page 2 for each.</b>															

**7. PAYMENT METHODS**

Please complete form FCS1500.

**8. DECLARATION OF APPLICANT (see Guidance Notes) (\*delete as appropriate)**

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.

I agree to receive Flight Crew Safety material from the CAA only\*/Safety material from authorised sources\*. I do not wish to receive Safety material\*.

Signature ..... Date .....

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

**9. SUBMISSION INSTRUCTIONS**

Send your completed application form to:

Civil Aviation Authority, Personnel Licensing Department, Aviation House, Gatwick Airport South, West Sussex, RH6 0YR, United Kingdom

**EXAMINER AUTHORISATION ISSUE/REISSUE/VARIATION – APPLICATION**

**GUIDANCE**

**General Guidance**

Issue, Reissue and Variations

All Applicants must complete Sections 1 and 8.

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	✓		✓	✓
170A	✓		✓	✓
IRE	✓	✓	✓	✓ **

\*Applicable only to applicants for the 170A or FE CPL wishing to exercise 170A 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, CRE, 170A)

Applicants must complete sections 1, 6 and 8.

**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 8 is deleted.

**Section 3 UK/JAR FCL Ratings/Authorisations held**

Tick the boxes to indicate the ratings held on your UK or JAR –FCL 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 please print further page 2 for each.

**Section 8 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 8.