

Examiner certificate application form and assessment of competence report

A - TYPE OF APPLICATION (Tick as appropriate)

<input type="checkbox"/> Initial issue	<input type="checkbox"/> Renewal / Revalidation	<input type="checkbox"/> Extension (new type/class/role)
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B – SUPPORTING DOCUMENTS– The following shall be attached to the application mark in the appropriate box.

<input type="checkbox"/> Curriculum Vitae (Cv) (only for initial issue)	<input type="checkbox"/> Certificate of examiner standardisation course /refresher seminar
<input type="checkbox"/> Report of assessment of check/test by senior examiner or ICETRA inspector	

C – APPLICANT'S DETAILS

Full name		Date of Birth
Permanent address and postcode		Licence No
Employer	E-mail address	Telephone/mobile

D – APPLICATION FOR AUTHORISATION AS (Role)

<input type="checkbox"/> Flight examiner (FE)	<input type="checkbox"/> Synthetic Flight Examiner (SFE)	<input type="checkbox"/> Aeroplane
<input type="checkbox"/> Instrument rating examiner (IRE)	<input type="checkbox"/> Type Rating Examiner (TRE)	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Class rating examiner (CRE)	<input type="checkbox"/> Flight Instructor Examiner (FIE)	

E – SPECIFY EXPERIENCE (as relates to the authorisation applied for)

No	Type/Class	Flight time total on type/class	IR flight time on relevant category (A/H)*	Flight time as IR instructor on relevant category (A/H)*	Flight time as instructor on type/class
1					
2					
3					
4					
5					
6					

**For initial issue of IRE only*

F – STANDARDISATION COURSE/REFRESHER SEMINAR

Last examiner standardisation course / Refresher seminar (place/date)	<input type="checkbox"/> Attach certificate of course/seminar completion
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G – NUMBER OF TESTS/CHECKS YEARLY (revalidation only)

Number of tests/checks /assessment of competence before the expiry date of the certificate

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H– APPLICANTS REMARKS AND SIGNATURE

Applicants remarks(if applicable):	Applicants signature and date
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I- ASSESSMENT OF COMPETENCE (TO BE COMPLETED BY INSPECTOR/SENIOR EXAMINER)

Type of test/check/assessment observed:		A/C type and REG/FSTD Qualification No.:	
Crew Member(s)	Name and licence No.	Name and licence No.	

A – Pre flight		Evaluated	Remarks
1	Preparation and administration	<input type="checkbox"/>	
2	Briefing the candidate(s)	<input type="checkbox"/>	
3	Oral examination	<input type="checkbox"/>	

B – Work attitude		Evaluated	Remarks
1	Compliance with rules and regulations	<input type="checkbox"/>	
2	Knowledge and application of Operational procedures (PANS-OPS)	<input type="checkbox"/>	
3	Handling of flight crew and/or safety pilot/ flight engineer (stress and applied roles)	<input type="checkbox"/>	
4	Questioning candidate(s) (sticking to facts and figures)	<input type="checkbox"/>	
5	Attitude towards senior examiner/inspector	<input type="checkbox"/>	
6	Attitude towards applicant	<input type="checkbox"/>	
7	Communication and atmosphere	<input type="checkbox"/>	

C – Test/Check management		Evaluated	Remarks
1	Giving instructions/directions	<input type="checkbox"/>	
2	Managing unexpected or difficult situations	<input type="checkbox"/>	
3	Handling unsatisfactory performance	<input type="checkbox"/>	
4	Simulating roles as cabin staff, ATC, etc.	<input type="checkbox"/>	
5	Managing equipment to be used	<input type="checkbox"/>	
6	Managing time	<input type="checkbox"/>	
7	Allowing repetition of mandatory items	<input type="checkbox"/>	

D – Assessment		Evaluated	Remarks
1	Assessing candidate(s) performance	<input type="checkbox"/>	
2	Applying correct test criteria	<input type="checkbox"/>	
3	Considering exceptional circumstances	<input type="checkbox"/>	

D – Post flight		Evaluated	Remarks
1	Delivering assessment	<input type="checkbox"/>	
2	Giving constructive feedback of performance	<input type="checkbox"/>	
3	Handling unsatisfactory performance	<input type="checkbox"/>	
4	Handling questions from the candidate(s)	<input type="checkbox"/>	

J- ASSESSMENT RESULT (TO BE COMPLETED BY ICETRA INSPECTOR/SENIOR EXAMINER)

On the basis of my observation of the conduct of the test/check/assessment above, I recommend that the examiner/candidate is:	
Certified <input type="checkbox"/>	Re-certified <input type="checkbox"/>
Not certified/re-certified <input type="checkbox"/>	
Remarks:	
Place and date:	
Inspector/Senior Examiner Signature and Certificate No.	