

3. SEYCHELLES/PART-FCL RATINGS/AUTHORISATIONS HELD (see Guidance Notes) (tick / *delete as appropriate)

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

Authorisations held: FE PPL FE CPL FIE CRE CRE/IRR 170A TRE

AOPA Ground Instructor Certificate

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.						
	Total						

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

6. SPONSOR ORGANISATION/COMPANY PARTICULARS (see Guidance Notes)

Company Name

Manager Name Title

OCP No. if held AOC No. if held

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 IR Skill Test

Reason for requiring 170A Authorisation

.....

GR R

CRE CRE/IRR

Signature Date

Note: A GR at more than one sponsoring organisation use a new page 2 for each.

7. PAYMENT METHODS

Please complete form SSR\1187.

8. DECLARATION (*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.

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 and subject to prosecution under the current applicable regulation. Refer to the Civil Aviation (Safety) Regulations, 2017.

9. SUBMISSION INSTRUCTIONS

Send your completed application form to:

Seychelles Civil Aviation Authority
Personnel Licensing Office
Safety & Security Regulation Department
P.O Box 181
Mahe
Seychelles.

OR

Email this application form to PEL@scaa.sc

OR

Attach this application form to the correct application type on the **Centrik Applications Module**. Please contact the **SCAA** or your **Seychelles Operating Company** for guidance on submitting your application through Centrik.

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 Seychelles/Part-FCL Ratings/Authorisations held

Tick the boxes to indicate the ratings held on your Seychelles or Part-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 organization 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.