

**APPLICATION FOR ASSESSMENT OF COMPETENCE (AOC) FOR THE REVALIDATION, RENEWAL OR VARIATION OF EITHER AN SFE/TRE AND CRE CERTIFICATE (Commission Regulation (EU) 1178/2011, Annex 1, Sub-Part K)**

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance. If any mistakes are made on this form, please strikethrough the mistake and sign next to the correct entry. (make sure the incorrect entry can still be read)

**PLEASE NOTE THAT WE WILL ENDEAVOUR TO ARRANGE YOUR ASSESSMENT OF COMPETENCE WITHIN EIGHT WEEKS.**

**FALSE REPRESENTATION STATEMENT**

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.

**PAYMENT METHODS.** Please complete form SSR\1187

**1. APPLICANT DETAILS** **To be completed by the Applicant**

SCAA Aviation reference number

Employer: (if applicable) .....

Title ..... Forename(s) ..... Surname.....

Date of birth (dd/mm/yyyy) ..... Nationality .....

Town of Birth ..... Country of Birth .....

Permanent address .....

.....

Telephone Number ..... Alternative Telephone .....

E-mail address .....

**2. ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM ABOVE)** **To be completed by the Applicant**

Postal Address: .....

.....

..... Postcode: .....

**3. LOCATION AND TIMING DETAILS OF ASSESSMENT** **To be completed by the Applicant**

Preferred date for assessment: .....	A/C Type/Simulator Type and Simulator Code (as applicable): .....
Timings: .....	Location:.....

**Any changes to the observation plan(s) are to be notified to Flight Crew Standards Support immediately. Cancellations must be made at least five working days prior to confirmed observation date or fee may be forfeited.**

**4. APPLICATION DETAILS** **To be completed by the Applicant**

i) Revalidation or Renewal of a three year SFE/TRE/CRE Examiners Certificate <input type="checkbox"/>	ii) Add Simulator privilege to Examiner Certificate <input type="checkbox"/>
iii) Add MPL(A) SFE/TRE privileges to Examiner Certificate <input type="checkbox"/>	iv) Add an Aircraft Class or Type to Examiners Certificate <input type="checkbox"/>
v) Add Instructor Examiner privileges to Examiner Certificate <input type="checkbox"/>	(vi) Add Aircraft privileges to Examiners Certificate <input type="checkbox"/>
vii) Change from CRE(A) to TRE(A) SP HPCA <input type="checkbox"/>	

<b>5. ADDITIONAL PRIVILEGE REQUIREMENTS</b>	<b>To be completed by the Applicant</b>
i) Add Commercial Air Transport privileges to Examiners Certificate <input style="float: right;" type="checkbox"/>  Approved Training Organisation providing course: .....  Approved Number and National Authority granting approval: .....	ii) Add IR revalidation privileges to Examiners Certificate <input style="float: right;" type="checkbox"/>  Approved Training Organisation providing course: .....  Approved Number and National Authority granting approval: .....

<b>6. ASSESSMENT DETAILS</b>	<b>To be completed by the Applicant</b>
i) Is this assessment to be shadowed by a Senior Examiner applicant under training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Is this assessment to be a practice by a Senior Examiner applicant under training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Is this assessment for an Initial Senior Examiner assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>7. PERMISSION TO CONDUCT</b>	<b>To be completed by the SCAA</b>
i) Assessment may take place as programmed	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) A CAA Training Inspector will observe the assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) A CAA Training Inspector will conduct the assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>8. DECLARATION OF THE APPLICANT</b>	<b>To be completed by the Applicant</b>
I understand that the SCAA will publish details in accordance with Part ARA.FCL.205. <b>Please note your personal address details will not be published.</b> I hereby confirm my compliance with Part-FCL reference FCL.1010 & FCL.1030 and declare that the information provided on this form is correct.	
Signature: ..... Date: .....	

<b>9. NOMINATED SENIOR EXAMINER DETAILS (if applicable)</b>	<b>To be completed by the Applicant</b>
INFORMATION REQUIRED FOR A REQUEST FOR A SENIOR EXAMINER TO CONDUCT THE ASSESSMENT <b>INDICATE IF THIS WILL BE A REVALIDATION</b> <input type="checkbox"/> <b>OR RENEWAL</b> <input type="checkbox"/> <b>FOR THE SENIOR EXAMINER</b>	
Nominated Senior Examiner: ..... SCAA Reference Number: .....	
Forename: ..... Surname: .....	
Email: .....	

**10. SCAA USE ONLY**

Date of Issue .....  
Checked by .....  
Loaded by .....

Enclosures

Despatch/Collection details:

Class and/or Type Rating expiry date: .....

SP  MP  SP/MP  Cruise Relief Pilot  LV (CAT II/III)  Co-Pilot Only

Instrument Rating new expiry date:..... IR Cross Crediting new expiry date:.....

**11. SUBMISSION INSTRUCTIONS (SEE GUIDANCE NOTES)**

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](mailto: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.

**Please note that failure to submit all of the required documentation may lead to a delay in processing your application.**