



**APPLICATION FOR AN EXAMINER AUTHORISATION  
TYPE RATING/SYNTHETIC FLIGHT EXAMINER  
PILOT (AEROPLANE/HELICOPTER) AND FLIGHT ENGINEER**

The requirements for an Examiner Authorisation are in Accordance JAR-FCL Subpart 1.  
Please complete the form in BLOCK CAPITALS using black or dark blue ink after reading the attached guidance.

**1. PERSONAL DETAILS**

SCAA Aviation reference number (if known)

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

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

Nationality ..... Town..... and Country ..... of birth

Permanent address (is this a change of address Yes\* / No\*) .....

.....

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

E mail address ..... Fax Number .....

Address for correspondence (if different from above) .....

.....

**2. SPONSOR**

Company Name .....

Contact Name and Title .....

Address .....

..... Postcode.....

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

E-mail ..... Fax Number .....

AOC Number (if applicable) .....

Type of Operation if non AOC.....

Type(s) of aircraft operated .....

**3A. AUTHORISATION REQUIRED (Please tick the appropriate boxes)**

Is the primary function to examine in:?

Application for a TRE Authorisation	<input type="checkbox"/>	a) The Aircraft	<input type="checkbox"/>	b) The Simulator	<input type="checkbox"/>
Application for a SFE Authorisation	<input type="checkbox"/>				

**3B. AUTHORISATION REQUIRED**

Please enter the aircraft type wanted for the Authorisation.

For TRE	For SFE

**4. EXAMINER STANDARDISATION**

Organisation conducting the SFE/TRE Standardisation Course

Dates of the Course

**PLEASE NOTE THAT A MINIMUM OF TWELVE WEEKS NOTICE IS REQUIRED FOR OBSERVATION**

Preferred Date of Observation

Location

Timings

Aircraft/Simulator Type and Simulator Code

**PLEASE NOTE: CANCELLATION CHARGES****Cancellations not notified in writing a minimum of 72 hours prior to observation time will incur a cancellation charge****5. NOMINEE FLYING EXPERIENCE**

Do you hold an Instructor's Rating for the relevant aircraft and/or simulator?

 Yes NoItems 1 - 3 **must** be answered

1. Date completed TRI/SFI Core Course

2. Date of proposed or completed TRI/SFI Type Specific Course

3. Date TRI/SFI Rating/Authorisation Issued (**if applicable**)Items 4 and 5 **must** be answered for the issue of a **TRE (Helicopters)** authorisation

4. Will you be conducting tests for Public Transport operations?

 Yes No

5. Will you be conducting Instrument Rating tests?

 Yes NoItems 6 and 7 **must** be answered

6. Have you attended either an AE (2 week course) or TRE Standardisation Course

 Yes No

If yes when and where did you attend the course?

7. Expiry date of any previously held Examiner Authorisation

## 6. DECLARATION

### Sponsor

I hereby confirm this application for the nominee to be an Authorised TRE/SFE for this Company and I have verified the nominee's statement of qualification:

Signature: ..... Date: .....

### Nominee

I certify that the above statements are correct and agree to being nominated as an Authorised TRE/SFE for the ..... aircraft

- I declare that the information on this form is correct.
- I certify that I hold a valid and current TRI/SFI rating for the above-mentioned aircraft and/or simulator.
- \*I accept that my contact information may be released to the public in connection with my duties as an Examiner.

**\*Please delete if you do not agree.**

Signature:

Name (block capitals):

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 regulations.

## 7. SUBMISSION INSTRUCTIONS

This completed form must be forwarded , together with copies of current Rating certificates and payment form SR 1187 without delay to:

[morr@scaa.sc](mailto:morr@scaa.sc)

or faxed to +248 384 033

or posted to:

Flight Operations Inspectorate  
Safety Regulation Section  
Seychelles Civil Aviation Authority  
P.O Box 181, Victoria  
Mahe, Seychelles

**PLEASE NOTE THAT FAILURE TO SUBMIT ALL OF THE REQUIRED DOCUMENTATION MAY LEAD TO A DELAY IN PROCESSING YOUR APPLICATION.**