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 SRG\1187.

1. PERSONAL DETAILS (see Guidance Notes)						
CAA Personel reference number (if known)						
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 Reissue Variation						
Type of authorisation being applied for: Aeroplane Helicopter						
Flight Instructor Examiner	Ground Examiner (GRA)					
Flight Examiner (CPL)	Ground Examiner (GRH)					
Flight Examiner (PPL)	Revalidation Examiner (R) Aeroplanes only					
Class Rating Examiner (CRE)	Instrument Rating Examiner (IRE)					
Class Rating Examiner* / IR Revalidation* (CRE* / IRR*)	Ground Examiner (Seaplanes)					
170A Skill Test IRT Skill Test & IRT						
3. UK/JAR-FCL RATINGS/AUTHORISATIONS HELD (see Guidance Notes) (tick / *delete as appropriate)						
	(please specify)					
	Rating only Aro T					
Instructor Rating held: FI FI (Sea) IRI	CRI A/C Type					
Instructor Rating Restrictions:						
No Night Flying Instruction* / No Aerobatic Instruction* / No Instrume	nt Instruction* / No Applied I/F Instruction*					
Authorisations held: FE PPL FE CPL FIE	CRE CRE/IRR 170A TRE					
AOPA Ground Instructor Certificate						

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4. AUTHORISATION RE	EQUIRED (tick appropriate box(es))							
Examining privileges re	equired for:								
Aircraft operated as		SPA	MPA						
Touring Motor Glider			N/A	Aircra	ft				
Single Engine Piston (L	andplanes)			STD					
Multi Engine Piston (La	indplanes)			Public	Transport Op	erations			
Other									
5. FLYING EXPERIENC	E (see Guidance Notes)		,	•				<u> </u>	
Application for Initial Αι									
Application for miliar / to		۸	eroplanes	1		Helico	ntere		
			eropianes		Single		•	nine	
		Day	Ni	ght			Day	Multi Engine ay Night	
A – Flight Time as	Single Engine Piston	Day	- 101	giit	Day	rtigrit	Day	Tagne	
Pilot	Multi Engine Piston								
	A/C Types								
	Piston								
	Turbine/Turbo Prop.								
	Total								
	1								
B – Relevant Instructional Hours	Instrument Rating* / IFR* Tr	raining							
	FIC Training								
	Non Approved Ab-initio Training								
	CPL Training								
	ME Training								
Total									
6. SPONSOR ORGANIS	SATION/COMPANY PARTICULA	RS (see Gu	uidance No	tes)					
Company Name									
Manager Name			Titl	e					
OCP No. if held OCP 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 R Skill Test									
Reason for requiring 170A Authorisation									
Todason for requiring 170A Authorisation									
GR R									
CRE	CRE/IRR								
Signature Date									

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

7. PAYMENT METHODS	
Please complete form SRG 1187.	

0	DECL ADATION		Inna Cuidence Netech	(*delete as appropriate)
Λ.	DEGLARATION	UF APPLICANT	(See Gilloance Noies)	Coelete 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
Oldifature	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

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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

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 sponsorshp 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.

^{**}Section 6 must be completed if wishing to conduct the operator proficiency check for a public transport operation.