

APPLICATION FOR THE INITIAL ISSUE OF SENIOR EXAMINER (SE) 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 refer to Standards Document 69 for pre-requirements and precourse study material.

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. PERSONAL DETAILS

SCAA Aviation reference number (if known)

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

Name and Address of Operating Company/Employer

..... Telephone Number

2. CURRENT EXAMINER CERTIFICATES

Current Examiner Certificates Held: Aeroplane Helicopter

Current Privilege: Simulator Aircraft

Aircraft Type: Expiry:

Aircraft Type: Expiry:

3. DECLARATION OF APPLICANT

I certify that I hold a valid class or type rating instructor certificate and an examiner certificate for the class or type and have held an examiner certificate for at least three years for the above mentioned aircraft. I confirm my compliance with FCL.1010 and the applicable AMC. I declare that the information on this form is correct.

Signature: Date:

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4. 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.