

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

SECTION 1: APPLICANT DETAILS To be completed by Applicant

Title	
Forename(s)	
Surname	
Date of Birth (dd/mm/yyyy)	
Nationality	
Town of Birth	
Country of Birth	
Telephone Number	
Alternative Telephone	
Email Address	
Permanent Address	
Operating Company	

SECTION 2: ADDRESS FOR CORRESPONDENCE To be completed by Applicant

Postal Address	
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SECTION 3: MEDICAL FITNESS (not applicable for SFE) To be completed by Applicant

Class of Medical Certificate Held	Date of Last Medical	Date of Expiry	SCAA Use Only

SECTION 4: PARTICULARS OF SEYCHELLES LICENCE HELD To be completed by Applicant

Issuing Authority	Type/Class of Licence	Licence Number	Expiry Date

SECTION 5: APPLICATION FOR CERTIFICATE To be completed by Applicant

I am applying for the initial issue of the Examiner certificate indicated below:

(TRE) (SFE) (CRE)

SECTION 6: TYPES REQUIRED ON CERTIFICATE To be completed by Applicant

Please enter the aircraft types(s) or class(s) desired for certification		
For TRE	For SFE	For CRE

SECTION 7: EXAMINER STANDARDISATION COURSE		To be completed by Applicant	
Have you attended an approved examiner standardisation course as required by Part-FCL, FCL.1015?:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of the Course			
ATO Approval No			
Name of ATO			
Please provide a copy of the certificate			
If No, please state name of Organisation conducting the Standardisation Course			
Date of the Course			
ATO Approval No.			
Name of ATO			
Including Commercial Air Transport Content	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Including Instrument Rating Content	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SECTION 8: LOCATION AND TIMING DETAILS OF ASSESSMENT OF COMPETENCE (AoC)		To be completed by Applicant	
Preferred Date for Assessment of Competence			
A/C Type / Simulator Type and Simulator Code (as applicable)			
Timings			
Location			

SECTION 9: DECLARATION OF APPLICANT	
DETAILS TO BE PUBLISHED	
I understand that the Seychelles CAA will publish details in accordance with Part ARA.FCL.205 Please note your personal address details will not be published.	
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	

PART 2 – ASSESSMENT

A. Declaration by the Examiner Applicant: I understand that I am undertaking an Assessment of Competence in the role of Examiner and must pass Sections 1 through 6 of Part B.				
Examiner Applicant Signature		Date		
B. EXAMINER ASSESSMENT OF COMPETENCE REPORT FORM				
Section 1		BRIEFING THE CANDIDATE		(AMC1 FCL.1020 – (d))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
Note: The 'candidate' should be given time and facilities to prepare for the test flight. The briefing should cover the following (as applicable):				
1	the objective of the flight			
2	licensing checks, as necessary			
3	freedom for the 'candidate' to ask questions			
4	operating capacity of 'candidate'			
5	aims to be identified by 'candidate'			
6	simulated weather assumptions (for example icing and cloud base)			
7	contents of exercise to be performed			
8	Agreed speed and handling parameters (e.g. V-speeds, approach minima)			
9	respective roles of examiner			
Section 2		CONDUCT OF TEST		(AMC1 FCL.1020 – (e))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
Note: The examiner applicant should maintain the necessary level of communication with the 'candidate'. The following check details should be followed by the examiner applicant (as applicable):				
1	the need to give the 'candidate' precise instructions			
2	responsibility for safe conduct of the flight			
3	intervention by examiner, when necessary			
4	use of R/T			
5	keeping brief, factual and unobtrusive notes			
Section 3		ASSESSMENT		(AMC1 FCL.1020 – (f))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
Note: The examiner applicant should refer to the flight test tolerances given in the relevant skill test or proficiency check. Attention should be paid to the following points (as applicable):				
1	questions from the 'candidate'			
2	give results of the test and any sections failed			
3	give reasons for failure			
Section 4		DEBRIEFING		(AMC1 FCL.1020 – (g))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
Note: The examiner applicant should demonstrate to the inspector the ability to conduct a fair, unbiased debriefing of the 'candidate' based on identifiable factual items. A balance between friendliness and firmness should be evident. The following points should be discussed with the 'candidate', at the applicant's discretion:				
1	advise the candidate on how to avoid or correct mistakes			
2	mention any other points of criticism noted			
3	give any advice considered helpful			
Section 5		RECORDING OF DOCUMENTATION		(AMC1 FCL.1020 – (h))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
Note: The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:				
1	the relevant test or check form			
2	licence entry			
3	notification of failure form			
4	relevant company forms where the examiner has privileges of conducting operator proficiency checks			

Section 6		DEMONSTRATION OF THEORETICAL KNOWLEDGE		(AMC1 FCL.1020 – (i))
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
1	The examiner applicant should demonstrate to the inspector/senior examiner a) satisfactory knowledge of the regulatory requirements associated with the function of an examiner			

C. Notification of Completion of Assessment of Competence

Examiner Applicant Name			
Aircraft Reg or FSTD ID No.:			
Location			
Time OFF Blocks			
Time ON Blocks			
TOTAL Time			
Candidate(s) Observed under Test / Check	Name (s)	Licence Number(s)	
(i) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)			
(ii) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)			
Specify Type of Test / Check conducted by the Examiner Applicant	LPC <input type="checkbox"/> LST <input type="checkbox"/> OPC <input type="checkbox"/>		
RESULT (Tick ✓)	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	If results is Fail, report details in Section D.	

EXAMINER APPLICANT

Signature		Date	
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SCAA INSPECTOR / SENIOR EXAMINER:

I hereby certify completion of the Assessment of Competence for Examiner Privileges for the above-named Examiner Applicant:

Name: (Block Capitals)			
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Signature:		Date	
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D. SCAA INSPECTOR / SENIOR EXAMINER'S REPORT

Please enter any relevant details:

