

RECORD OF TESTS/ CHECKS

Authorised Flight Examiner (AFE)

Senior Authorised Flight Examiner (SAFE)

Notes to Examiners

General Information:

1. This form will take approximately 10 minutes to complete.
2. All fields in the form must be completed unless otherwise indicated. Incomplete forms will not be processed.
3. This form is to be attached and submitted together with CAAS FC37 or CAAS FC37FE or CAAS FC37SE.
4. Please specify 'NIL' even if no tests/ checks were conducted.
5. Please attach additional copies where necessary.
6. For SAFEs, flight tests and AFE Flight Surveillance Checks conducted must be recorded on separate forms. Do NOT record both tests and checks on the same form.
7. The completed form is to be submitted to the CAAS:
*My PEL Hub, Safety Policy and Planning Division, Civil Aviation Authority of Singapore,
 South Finger Pier Level 3, #038-035, Singapore Changi Airport Terminal 2, Singapore 819643*

Specific Log Sheet Information:

8. *Types of Test/Check: PPL Final Handling Test (FHT), CPL General Flight Test (GFT), MPL Final Assessment Flight Test, Aircraft Rating Test, Instrument Rating Test, Assistant/ Flying Instructor Rating Test, AFE Flight Surveillance Check

Part I – General Information

Name as in NRIC/ Passport:	Licence Type:	Licence No:
Organisation:	Period of Tests/Checks Conducted :	From: _____(ddmmyyyy)
AFE/ SAFE Expiry Date:		To: _____(ddmmyyyy)

Part II – Record of Tests/ Checks Conducted

No.	Date of Test/ Check	Full Name of Examinee	Licence No. of Examinee	Aircraft Type	Types of Test/ Check*

No.	Date of Test/ Check	Full Name of Examinee	Licence No. of Examinee	Aircraft Type	Types of Test/ Check*

Part III – Declaration

DECLARATION BY APPLICANT

I declare to the best of my knowledge and belief that the information supplied in this form are complete and correct. I understand that any false representation made by me for the purpose of obtaining the AFE/ SAFE Authorisation is an offence under the Air Navigation Order (ANO) and I may be subject to the penalties stipulated there under and the authorisation granted pursuant to the application will be revoked.

Signature : _____

Date : _____