APPLICATION FOR AUTHORISATION AS AN AUTHORISED FLIGHT EXAMINER



Instructions

General

- 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. 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

Collection

4. Assessment of the application would take approximately 7 working days from the date of submission. You will be notified via SMS when the certificate is ready for collection.

Supporting Documents to be Submitted

| | For CAAS Use |
|--|--------------|
| For Initial Authorisation | |
| A copy of a valid CPL/ATPL including valid Medical Certificate, valid Aircraft, Instrument, Flying Instructor Ratings | |
| A copy of valid Certificate of Test page or equivalent to show Aircraft, Instrument and Flying Instructor Ratings are valid | |
| A copy of valid Flight Examiner Authorisation issued by the foreign authority (if applicable) | |
| A copy of completed AFE Training Programme, supported and certified by the company | |
| For Reauthorisation and/or Change of Aircraft Type or Addition of Aircraft Group | |
| For foreign licence holders only: A copy of valid CPL/ATPL, valid Medical Certificate, valid Aircraft, Instrument, Flying Instructor Ratings and valid Flight Examiner Authorisation issued by the foreign authority (if applicable) | |
| A copy of valid Certificate of Test page or equivalent to show Aircraft, Instrument and Flying Instructor Ratings are valid | |
| A copy of most recent CAAS Authorised Flight Examiner Certificate | |
| For Reauthorisation: CAAS Form FC37A (Record of Tests/ Checks), supported and certified by the organisation | |
| For Change of Aircraft Type: Evidence of having completed instructing an appropriate Type Rating programme on the new aircraft type, supported and certified by the company | |
| For Additional Aircraft Group (single pilot): Instructional experience teaching an appropriate Type Rating programme in the new aircraft Group, supported and certified by the organisation | |
| For Additional Authorisations | |
| Relevant supporting documents | |
| To conduct MPL Final Assessment Flight Test, a copy of MPL Instructor Qualification | |
| To conduct English Language Screening, a copy of licence showing the English Language Proficiency Endorsement | |

| Part I – AFE Application | | | | |
|---|---|---|---|--|
| Purpose of Application(s): | ☐ Initial Authoris | ation | ☐ Additional Authorisation | |
| | ☐ Reauthorisation | on | Change of Aircraft TypeAddition of Aircraft Group | |
| Type of Authorisation(s) Sought: | PPL Final Handling TestCPL General Flight TestMPL Final Assessment Test | | ☐ Aircraft Type Rating Test☐ Instrument Rating Test☐ Flying Instructor Rating Test☐ English Language Screening | |
| Aircraft Type / Group* Sought for | Authorisation : | | | |
| Part II – Applicant Information | | | | |
| Name as in NRIC/ Passport: (please underline surname) | | | | |
| Mailing Address: | | | | |
| Tel (Home): | | Email: | | |
| Tel (Mobile): | Email. | | | |
| Organisation: | Organisation: | | Designation: | |
| Dowt III Lineage Information | | | | |
| Part III – Licence Information | Licanca | Na | Data of Lineage 9 | |
| Licence Type and Licence Issuing Authority: | | INO: | Date of Licence & Medical Expiry: | |
| Date of last Aircraft Rating Test: | | Date of last Instrument Rating Test: | | |
| Date of FI Expiry : | | Date of AFE Expiry: (where applicable) | | |
| Date No. 116 in Danis | 4- | | | |
| Part IV – Qualifying Requiremen | ts | For Language | Soroonor | |
| Date completed CAAS AFE Induction / Refresher* Briefing : | | Por Language Screener Date completed English Language Screener Briefing: | | |
| AFE Surveillance Check was conducted | | Briefing was co | onducted | |
| by(Name of SAFE/ CAAS Inspector*) | | by(Name of CAAS Inspector) | | |
| (Name of SAFE/ CAAS Inspector*) | | (Na | ame of CAAS Inspector) | |
| on(Date) | | | | |
| Delete where applicable | | | | |
| Part V - For Initial Authorisation | (or optor NA) | | | |

Part V – For Initial Authorisation (or enter NA)

To Conduct Tests on Single Pilot Aircraft

Total Flying Hours on Group A/B aircraft:

Total ab-initio instructional experience conducting ab-initio Instructor courses:

To conduct tests on Group B aircraft, total ab-initio instructional experience on Group B aircraft:

| To Conduct Tests on Multi Pilot Aircraft | | | | |
|---|---|--|--|--|
| Total Flying Hours on Multi Pilot Aircraft: | Total PIC Hours on Multi Pilot Aircraft: | | | |
| Total PIC Hours on the Aircraft Type Sought for Authorisation: | Total Instructional Hours on Aircraft Type Sought for Authorisation: | | | |
| Total Instructional Hours on Aircraft Type Sought for Authorisation conducting type rating, recurrent or reinforcement training whilst holding a Singapore FI Rating: | | | | |
| | | | | |
| To Conduct Instrument Rating Test | | | | |
| Total Actual or Simulated Instrument Flight Time: | Total Instrument Instructional Hours: | | | |
| | | | | |
| Part VI – For Change of Aircraft Type or Addition | al Aircraft Group (or enter NA) | | | |
| Type of training programmes that has been conducted: | Date completed instructing appropriate programme on new Aircraft Type/Group*: | | | |
| | | | | |
| Part VII - Declaration by Employer in Support of A | Application | | | |
| We support the application for the authorisation as a Authorised Flight Examiner (AFE) and have verified the information provided in this application form. | | | | |
| We confirmed that the applicant has not been subject to any technical or disciplinary issues in the last 5 years for the initial AFE authorisation; or last 2 years for the AFE re-authorisation. | | | | |
| We undertake to inform CAAS when the AFE is no longer required to exercise his privileges, relinquished his role or ceased to be employed by the organisation. | | | | |
| | | | | |
| Signature : | Date : | | | |

Company Stamp:

Name / Designation :

| Pa | Part VIII – Declaration and Consent to Disclosure and Collection of Information | | | | |
|---|--|----------------|------------|-----------|--|
| Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No". | | | | | |
| 01. | iormod ender tre t | | <u>Yes</u> | <u>No</u> | |
| 1. | Have you contravened any provision in the Air Navigation Act or safety subsidiary legislation that results in imposition of condition suspension or revocation of your aviation safety instrument? | | | | |
| 2. | Are you currently or have been disqualified from holding any avi instrument? | ation safety | | | |
| 3. | Are you currently being or have you been the subject of any invesuspension actions by any civil aviation authority(s)? | estigation or | | | |
| 4. | Do you have any history of physical or mental health or serious problems? | behavioural | | | |
| 5. | Are you convicted for any offence, whether or not the conviction Singapore court? | was in a | | | |
| lf ' | Yes", please provide details: | | | | |
| | | | | | |
| | I hereby declare that I will maintain secrecy of all radioteler improperly divulge to any person the purpose or contents of a knowledge in connection with the operation of any radio appara | any message wh | ich may co | | |
| I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under Section 29C(1) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked. | | | | | |
| I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements. | | | | | |
| (Please check the box below to indicate your preference) ☐ I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training. | | | | | |
| Please visit our https://www.caas.gov.sg/privacy-statement for further details on our privacy statement. | | | | | |
| Sig | nature of Applicant: | Date (dd/mm/yy | yy): | | |

| For Official Use | | | |
|---|--------------------------|--|--|
| Date Application Received (dd/mm/yyyy): | Received By: | | |
| Date of Notification to Applicant: | Authorisation Issued By: | | |