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| **APPLICATION FOR AUTHORISATION AS A** **SENIOR AUTHORISED FLIGHT EXAMINER** |  |

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| **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. Submit the completed application form to CAAS Safety Policy and Planning Division via email at  [CAAS\_CAPELS\_Helpdesk@caas.gov.sg](mailto:CAAS_CAPELS_Helpdesk@caas.gov.sg)  **Collection**  4. Assessment of the application would take approximately *7* working daysfrom 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 valid Authorised Flight Examiner Certificate |  | | ***For Reauthorisation*** | | | A copy of existing SAFE Certificate |  | | CAAS Form FC37A (Record of Tests/ Checks), supported and certified by the company |  | | ***For Change of Aircraft Type*** | | | A copy of valid Certificate of Tests or equivalent to show valid Aircraft, Instrument and Flying Instructor Rating |  | | A copy of SAFE Certificate on previous aircraft type |  | |

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| **Part I – SAFE Application**  **(NOTE:** AFE Surveillance Check authorised will commensurate with applicant’s own AFE Authorisation**)** | | |
| Purpose of Application: | ❒ Initial Authorisation  ❒ Reauthorisation | ❒ Additional Authorisation  ❒ Change of Aircraft Type/ Addition of Aircraft Group |
| Aircraft Type/ Aircraft Group Sought for Authorisation (if applicable) : | | |

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| **Part II – Applicant Information** | |
| Name as in NRIC/ Passport:  (please underline Surname) | |
| Mailing Address: | |
| Tel (Home): | Email: |
| Tel (Mobile: |
| Organisation: | Designation: |

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| **Part III – Licence Information** | | | | | |
| Licence Type and  Issuing Authority:: | | Licence No: | | | 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: | | | Date of SAFE Expiry:  (where applicable) | |

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| **Part IV – Qualifying Requirements** |
| Date attended CAAS SAFE Interview : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period Served as an AFE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SAFE Surveillance Check was conducted  by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of CAAS Inspector) (Date) |

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| **Part V - Declaration by Employer in Support of Application** |
| We support the application for the authorisation as a Senior Authorised Flight Examiner (SAFE) 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 SAFE authorisation; or last 2 years for the SAFE re-authorisation.  We undertake to inform CAAS when the SAFE is no longer required to exercise his privileges, relinquished his role or ceased to be employed by the organisation.    Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name / Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part VI – 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".   |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | 1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument? | □ | □ | | 1. Are you currently or have been disqualified from holding any aviation safety instrument? | □ | □ | | 1. Are you currently being or have you been the subject of any investigation or suspension actions by any civil aviation authority(s)? | □ | □ | | 1. Do you have any history of physical or mental health or serious behavioural problems? | □ | □ | | 1. Are you convicted for any offence, whether or not the conviction was in a Singapore court? | □ | □ |   **If “Yes”, please provide details:**   |  | | --- | |  |  * I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.   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. | |
| Signature of Applicant: | Date (dd/mm/yyyy): |

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