



**APPLICATION FORM PART-FCL**  
**Aeroplane / Helicopter**  
**EXAMINER CERTIFICATE**  
 INITIAL / RE-VALIDATION / RENEWAL / EXTENSION OF PRIVILEGES

This form is for applicants for an EXAMINER CERTIFICATE issued according to Commission Regulation (EU) No.1178/2011 of 3 November 2011 laying down technical requirements and administrative procedures related to civil aviation aircrew pursuant to Regulation (EC) No.2018/1139 of the European Parliament and of the Council, Annex I, Subpart K.

Please complete the form in BLOCK CAPITALS having read the application guidance for PART-FCL examiner certificate.

<b>1. PERSONAL DETAILS</b>				FILLED BY APPLICANT
Name(s):		Surname:		
Date of birth:	dd/mm/yyyy	Gender:	Male <input type="checkbox"/> / Female <input type="checkbox"/>	
Place of birth:	city, county	Nationality:		
Address:				
		Postcode:		
Phone Number:		E-mail:		

<b>2. APPLICATION</b>				FILLED BY APPLICANT
I am applying for the (tick as appropriate X):				
Initial Issue <input type="checkbox"/> <small>ALL SECTIONS EXCLUDING 9th</small>	Re-validation <input type="checkbox"/> <small>ALL SECTIONS</small>	Renewal <input type="checkbox"/> <small>ALL SECTIONS EXCLUDING 9th</small>	Extension of privileges <input type="checkbox"/> <small>ALL SECTIONS EXCLUDING 9th</small>	

**NOTE:** FE, TRE, SFE and CRE are separate certificates. Please select the requested Examiner privileges below applicable to this Application only. Note Type / Class of Aircraft.

Flight Examiner (FE)	(A) <input type="checkbox"/>	(H) <input type="checkbox"/>	(As) <input type="checkbox"/>	(S) <input type="checkbox"/>	(B) <input type="checkbox"/>
Type Rating Examiner (TRE)	(A) <input type="checkbox"/>	(H) <input type="checkbox"/>	(PL) <input type="checkbox"/>		
Class Rating Examiner (CRE)	(A) <input type="checkbox"/>				
Instrument Rating Examiner (IRE)	(A) <input type="checkbox"/>	(H) <input type="checkbox"/>	(As) <input type="checkbox"/>		
Synthetic Flight Examiner (SFE)	(A) <input type="checkbox"/>	(H) <input type="checkbox"/>	(PL) <input type="checkbox"/>		
Flight Instructor Examiner (FIE)	(A) <input type="checkbox"/>	(H) <input type="checkbox"/>	(As) <input type="checkbox"/>	(S) <input type="checkbox"/>	(B) <input type="checkbox"/>
Extension of Examiner Privileges (explain here):					
AIRCRAFT TYPE / CLASS:					

<b>3. DETAILS OF EXAMINER APPLICANT'S VALID LICENCE</b>					FILLED BY APPLICANT
Licence	Licence No	Expiry Date (if applicable)	A/C Category, Class or Type applicable to application	Expiry Date	

<b>4. DETAILS OF EXAMINER APPLICANT INSTRUCTOR CERTIFICATE(S) HELD</b>			FILLED BY APPLICANT
Class / Type / Privileges of Instructor Certificate	Expiry Date	Restrictions	

5. DETAILS OF EXAMINER APPLICANT EXISTING AND PREVIOUS EXAMINER CERTIFICATE(S) <span style="float: right;">FILLED BY APPLICANT</span>		
Class / Type / Privileges of Examiner Certificate	Expiry Date	Restrictions

6. OVERALL FLYING EXPERIENCE <span style="float: right;">FILLED BY APPLICANT</span>						
	AEROPLANE			HELICOPTER		
	SPA SE	SPA ME	MPA	SPH SE	SPH ME	MPH
Piston						
Turbine						
Turbojet/Turbo Prop.						
Total time under IFR						
Total time (PIC)						

7. FLYING EXPERIENCE AS INSTRUCTOR <span style="float: right;">FILLED BY APPLICANT</span>						
AEROPLANE				HELICOPTER		
PPL instruction		HOURS	PPL instruction		HOURS	
CPL instruction			CPL instruction			
IR instruction			IR instruction			
SPAME instruction			SPA ME instruction			
TRI / SFI instruction type .....			TRI / SFI instruction type .....			
TRI / SFI instruction type .....			TRI / SFI instruction type .....			
TRI / SFI instruction type .....			TRI / SFI instruction type .....			
Total time as Instructor:			Total time as Instructor:			
SAILPLANE			BALLOON			
Flight Instruction		HRS	Flight Instruction			HRS
OTHER						
		HOURS				HOURS

8. PROFESSIONAL EXPERIENCE <span style="float: right;">FILLED BY APPLICANT</span>		
Date	Employer	Position held
from      to		
from      to		
from      to		
from      to		
from      to		
from      to		
from      to		
from      to		
from      to		

9. REVALIDATION (FCL.1025 b))		<b>FILLED BY APPLICANT</b>		
	TYPE OF A/C	MIN 2 ON EACH TYPE PER YEAR		
		Year 1	Year 2	Year 3
1. State the number of Skill Tests / Proficiency Checks conducted during each yearly period of examiner authorisation held (FCL.1025 b1))				
2. Skill Test or Prof. Check assessed by an inspector from CAA of Latvia or specially authorised Senior Examiner conducted in last year of certificate validity (FCL.1025 b3))	Date:	Place:		
	Name of Inspector or specially authorised Senior Examiner:			

10. DOCUMENTS SUBMITTED (FCL.1010 a)		<b>FILLED BY APPLICANT</b>
Application submission to CAA before training		
<input type="checkbox"/>	Pages 1, 2 and 3 of this application with sections filled 1-11 ( <b>Original</b> );	
<input type="checkbox"/>	Letter of recommendation from ATO, operator other organisation related to aviation ( <b>Original</b> );	
<input type="checkbox"/>	Pilot licence and medical certificate ( <b>Copy</b> );	
<input type="checkbox"/>	Instructor's certificate(s), detailed in section 4. ( <b>Copy</b> );	
<input type="checkbox"/>	Relevant logbook pages, detailed in section 6. and 7. ( <b>Copy</b> );	
<input type="checkbox"/>	Supporting documentation: 1) in case of TRE - 50 hrs of flight instruction as a TRI, FI or SFI in the applicable type or an FSTD representing that type ( <b>Copy</b> ); 2) in case of SFE - 50 hrs of synthetic flight instruction as an SFI on the applicable type ( <b>Copy</b> ).	
Document Submission After Training is Completed		
<input type="checkbox"/>	Examiner course Completion Certificate ( <b>Original</b> );	
<input type="checkbox"/>	Pages 4 and 5 of this application with sections filled 12 – 13 ( <b>Original</b> );	
<input type="checkbox"/>	Assessment of Competence Report Form ( <b>Original</b> );	
<input type="checkbox"/>	FSTD Qualification Certificate (if applicable) ( <b>Copy</b> ).	

**NOTE 1:** As individual requirements may vary, the Authority may require additional documentation.

**NOTE 2:** Failure to submit all required documentation may result in the decline of your application.

**NOTE 3:** According to FCL.1025 b4) - When privileges for more than one category of examiner are held, combined revalidation of all examiner privileges may be achieved when the applicant complies with the requirements in FCL.1025 (b)(1) and (2) and FCL.1020 for one of the categories of examiner certificate held, in agreement with the competent authority.

**NOTE 4:** According to FCL.1025 c) - If the certificate has expired, applicants shall comply with the requirements of b) 2) and FCL.1020 before they can resume the exercise of the privileges.

**Prerequisites for Examiners:**

**FE** - FCL.1010.FE FE — Prerequisites  
**CRE** - FCL.1010.CRE CRE — Prerequisites  
**IRE** - FCL.1010.IRE IRE — Prerequisites  
**FIE** - FCL.1010.FIE FIE — Prerequisites  
**TRE** - FCL.1010.TRE TRE — Prerequisites  
**SFE** - FCL.1010.SFE SFE — Prerequisites

11. APPLICANT'S DECLARATION	<b>FILLED BY APPLICANT</b>
I declare that:	
1. I do not hold a Part-FCL Examiner Certificate issued in another EU Member State & affiliated States;	
2. I have not applied for any Part-FCL Examiner Certificate in another EU Member State & affiliated States;	
3. according to FCL.1010 b) - I have not been subjected to any sanctions, including the suspension, limitation or revocation of any licences, ratings or certificates issued in accordance with this Part, for non-compliance with the Basic Regulation and its Implementing Rules during the last 3 years;	
4. I have never held a JAR-FCL or Part-FCL Examiner Certificate issued in another EU Member State & affiliated States which was revoked or suspended.	
I further declare that the information given in this form is true and correct to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered	
Signature: ..... Date: ..... dd/mm/yyyy	

Acceptance from all listed CAA sections must be received before continuing with theoretical and practical training.

According to AMC1 FCL.1010 When evaluating the applicant's background, the competent authority should evaluate the personality and character of the applicant, and his/her cooperation with the competent authority.

**!!! A history of verified reckless flying, non-compliance with the Latvian and European Regulations and Standards will be grounds for disqualification !!!**

With these signatures we accept / decline nominated person as candidate for training

**Inspector of Training and Examination Section**

Initial Issue

Re-validation

renewal

extension of privileges

**NECESSARY TRAINING:**

THEORETICAL TRAINING (FCL.1015)

PRACTICAL TRAINING (FCL.1015)  → REDUCED TO \_\_\_\_\_ (if applicable)

ASSESSMENT OF COMPETENCE (FCL.1020)

Applicant ..... recommended for Examiners training course according to FCL.1000

INSPECTOR'S NAME, SURNAME: .....

DATE (dd/mm/yyyy): .....

SIGNATURE: .....

Examiners training course to Applicant is performed by (FCL.1015 a):

CAA

ATO approved by CAA

**Head of Training and Examination Section**

ACCEPT

DECLINE

NAME, SURNAME: .....

DATE (dd/mm/yyyy): .....

SIGNATURE: .....

**Head of Personnel Certification Section**

ACCEPT

DECLINE

NAME, SURNAME: .....

DATE (dd/mm/yyyy): .....

SIGNATURE: .....

**Head of Aircraft Operations Division**

ACCEPT

DECLINE

NAME, SURNAME: .....

DATE (dd/mm/yyyy): .....

SIGNATURE: .....

**Head of Personnel Licensing Division**

ACCEPT

DECLINE

NAME, SURNAME: .....

DATE (dd/mm/yyyy): .....

SIGNATURE: .....

**PEL/ME inspector**

Comments: .....

Applicant:  ACCEPTED |  DECLINED

NAME, SURNAME

DATE (dd/m/yyyy)

SIGNATURE

**13. DECLARATION OF COURSE COMPLETION** **FILLED BY ATO OR CAA**

Name of ATO:		Approval No:	
Examiner privilege:			
A/C class and type:			

**Examiners standardization course (FCL.1015 b) un FCL.1025 b)2))**

*THEORETICAL TRAINING:*

Instructor's name:		Date:	
Place:			

*PRACTICAL TRAINING:*

Initial issue <input type="checkbox"/>	Extension of privileges <input type="checkbox"/>	N/A <input type="checkbox"/>
1) practical training lasted ..... days;		
2) conducted ..... skill tests; Type / Class: .....		
3) conducted ..... prof. checks; Type / Class: .....		
4) conducted ..... AOCs; Type / Class: .....		
5) including ..... hours A/C		
6) and / or ..... hours FSTD.		

FSTD qualification No (if applicable):	1.	2.	3.	4.	5.
A/C registration No (if applicable):	1.	2.	3.	4.	5.

Competent Authority issuing Qualification certificate for the simulator:	
--	--

I certify that Applicant  
 (name, surname) ..... has:

- 1) demonstrated relevant knowledge, background and appropriate experience related to the privileges of an examiner;
- 2) satisfactorily completed Examiners standardization course according to AMC1 FCL.1015.

Head of Training of ATO:			
Signature:		Date:	

**14. CAA conclusion** **FILLED BY CAA**

**All received documents are considered. Theoretical and / or practical training meets the:**

<input type="checkbox"/> FE	<input type="checkbox"/> CRE	<input type="checkbox"/> IRE	<input type="checkbox"/> FIE	<input type="checkbox"/> TRE	<input type="checkbox"/> SFE
-----------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

**A/C category:**

<input type="checkbox"/> (A)	<input type="checkbox"/> (H)	<input type="checkbox"/> (As)	<input type="checkbox"/> (S)	<input type="checkbox"/> (B)	<input type="checkbox"/> (PL)
------------------------------	------------------------------	-------------------------------	------------------------------	------------------------------	-------------------------------

Examiner's Certificate No:		Issued:		Valid till:	
CAA inspector (name, surname, position):					
Date:		Signature:			

INTENTIONALLY LEFT BLANK