



**APPLICATION FOR THE EXAMINER AUTHORISATION
ISSUE/REISSUE/VARIATION – TRE/SFE**

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT
It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. PERSONAL DETAILS To be completed by the Applicant

Title: Forename(s): Surname:

Date of Birth (dd/mm/yyyy):

Nationality: Town: and Country of birth:

Permanent address.....
..... Postcode:

Address for correspondence (if different from above):
..... Postcode:

Telephone Number: Alternative Telephone Number:

E mail address: Fax Number:

2. SPONSOR To be completed by the Company

Company Name:

Contact Name and Title:

Permanent address.....
..... Postcode:

Telephone Number: Alternative Telephone Number:

E mail address: Fax Number:

3. APPLICATION (tick / delete as appropriate) To be completed by the Applicant

I am applying for: Issue Reissue Variation

Type of authorisation being applied for: Aeroplane Helicopter

TRE Authorisation TRE Authorisation (aircraft only) SFE Authorisation

Aircraft type(s) requested:

4. EXAMINER STANDARDISATION**To be completed by the Applicant**

Standardisation Course completed at:

Date of course: Date preferred for observation:

Location: Timings:

Aircraft/Simulator Type and Simulator Code:

PLEASE NOTE THAT PRIOR NOTICE IS REQUIRED FOR OBSERVATION**5. NOMINEE FLYING EXPERIENCE****To be completed by the Applicant**Instructor Rating : TRI SFI Type (please specify):

TRI/SFI Core Course completed date: Type Specific Course completed date:

TRI/SFI Rating/Authorisation Issued date (if Applicable):

Expiry date of any previously held Examiner Authorisation:

6. DECLARATION**Sponsor**

I hereby confirm this application for the nominee to be an Authorised TRE/SFE for this Company and I have verified the nominee's statement of qualification:

Signature: Date:

Nominee

I certify that the above statements are correct and agree to being nominated as an Authorised TRE/SFE for the aircraft.

- I declare that the information on this form is correct.
- I certify that I hold a valid and current TRI/SFI rating for the above-mentioned aircraft and/or simulator.
- *I accept that my name and address may be used by the Civil Aviation Authority, a Flight Safety Organisation or mailing house acting on behalf of the Civil Aviation Authority for the purpose of sending me safety information.
- *I further accept that my contact information may be released to the public in connection with my duties as an Examiner.

***Please delete either or both if you do not agree.**

Signature: Date:

PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON ABOVE