



Form Ref. RPPL-F 400 B  
Version 2  
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Issue Date: **26/09/2019**

**EXAMINER CERTIFICATE**  
**APPLICATION & ASSESSMENT FORM**  
ISSUE / RE-VALIDATION / RENEWAL / EXTENSION OF PRIVILEGES

**Part 1 – APPLICATION**

This form is intended for applicants for an EXAMINER CERTIFICATE issued in accordance with EU Reg. 2018/1139 and (EU) 1178/2011 as amended.

Please complete the form in BLOCK CAPITALS.

**1. PERSONAL DETAILS – EXAMINER APPLICANT**

Surname..... First Name(s).....  
 Title (Mr / Mrs / Ms etc) ..... Date of Birth (dd/mm/yyyy) .....  
 Nationality.....  
 Permanent address.....  
 .....  
 Contact Tel. No. .... Mobile Tel. No. ....  
 E-mail address.....  
 Date of Application: ..... / ..... / .....

**2. APPLICATION (tick as appropriate) (Ref FCL.1000)**

I am applying for the : (Tick ✓) Initial Issue  / Re-validation  / Renewal  or extension of privileges   
 of the Examiner Certificate indicated below:

(FE) <input type="checkbox"/>	(TRE) <input type="checkbox"/>	(CRE) <input type="checkbox"/>	(IRE) <input type="checkbox"/>	(SFE) <input type="checkbox"/>	(FIE) <input type="checkbox"/>
Aircraft Type(s) or Class(s)					

**3. DETAILS OF EXAMINER APPLICANT'S VALID LICENCE or EXPIRED LICENCE (SFE)**

Licence Grade	Licence Ref. No	Expiry Date (if applicable)	Type Rating or LPC	Expiry Date

**4. DETAILS OF EXAMINER APPLICANT INSTRUCTOR CERTIFICATE(S) HELD**

Type / Privileges of Instructor Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator only etc.)



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**EXAMINER APPLICANT NAME:**

**5. DETAILS OF EXAMINER APPLICANT EXAMINER CERTIFICATE(S) HELD**

Type / Privileges of Examiner Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator only etc.)

**6. FLYING EXPERIENCE (Initial Issue Only)**

Flight Time as Pilot of Aircraft applicable to this application (state Type / Class)		Total Flight Time as PIC on Aircraft applicable to this application	
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**7. FLYING EXPERIENCE AS INSTRUCTOR (Initial Issue Only)**

1. Type of Instruction	Hours	2. Type of Instruction	Hours	3. Type of Instruction	Hours

**8. REVALIDATION (FCL.1025)**

	Year 1	Year 2	Year 3
1. State the No. of Skill Tests / Proficiency Checks / Assessments of Competence conducted during each yearly period of examiner authorisation held			
2. Date/Place of attendance at <b>IAA Approved Examiner Refresher Seminar</b> (must be in last year of certificate validity)			
3. Date/Place of Assessment of Skill Test / Proficiency Check conducted in last year of certificate validity. (See PART 2 of this form)			

**9. RENEWAL (to be completed for Examiner Renewal applications only)**

1. Date/Place of attendance at <b>IAA Approved Examiner Refresher Seminar</b> (must be in last year of certificate validity)	
2. Date/Place of Assessment of Competence ( <b>FCL.1020</b> ) (See PART 2 of this form)	



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**10. DECLARATION OF COURSE COMPLETION (FCL.930) (Initial Issue Only)**

Approved Training Organisation (ATO):		ATO Approval No:	
ATO Approval issued by :			
I certify that (name)..... has: successfully completed the ..... (Insert Company Name) Examiner Standardisation course, approved through an arrangement with the Irish Aviation Authority.			
IAA Inspector / Senior Examiner :			
Signature :		Date:	

**11. IAA SUMMARY PRIVACY NOTICE**

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your application for certification as an Examiner, the administration and maintenance of subsequent certification and for enforcement purposes. We will not disclose any of your information to any organisation without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to comply with law enforcement agencies. ARA.FCL.205 (b) requires a list of examiners be published.

Where can you find out more?

To find out more about how the IAA respects your privacy, please read our detailed privacy notice at <https://www.iaa.ie/home/footer-tools/privacy> or contact our Data Protection Officer at [dataprotection@iaa.ie](mailto:dataprotection@iaa.ie), or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.

**12. EXAMINER APPLICANT'S DECLARATION**

I declare that:

1. I do not hold a Part-FCL Examiner Certificate issued in another Member State
2. I have not applied for any Part-FCL Examiner Certificate in another Member State
3. I have never held a Part-FCL Examiner Certificate issued in another Member State 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.

Examiner Applicant

Signature.....Date.....

**Note:** It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.



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**Part 2 – ASSESSMENT**

<b>EXAMINER APPLICANT NAME:</b>	
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Please complete the form in **BLOCK CAPITALS**

**A. Declaration by the Examiner Applicant: I understand that I am undertaking an Assessment of Competence in the role of Examiner and must pass Sections 1 through 6 of Part B.**

<b>Examiner Applicant Signature :</b>		<b>DATE:</b>	
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**B. EXAMINER ASSESSMENT OF COMPETENCE REPORT FORM**

**Section 1 BRIEFING THE CANDIDATE (AMC1 FCL.1020 – (d))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
<b>Note:</b> The 'candidate' should be given time and facilities to prepare for the test flight. The briefing should cover the following (as applicable) :				
1	the objective of the flight			
2	licensing checks, as necessary			
3	freedom for the 'candidate' to ask questions			
4	operating capacity of 'candidate'			
5	aims to be identified by 'candidate'			
6	simulated weather assumptions (for example icing and cloud base)			
7	contents of exercise to be performed			
8	agreed speed and handling parameters (e.g. V-speeds, approach minima)			
9	respective roles of examiner			

**Section 2 CONDUCT OF TEST (AMC1 FCL.1020 – (e))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
<b>Note:</b> The examiner applicant should maintain the necessary level of communication with the 'candidate'. The following check details should be followed by the examiner applicant (as applicable) :				
1	the need to give the 'candidate' precise instructions			
2	responsibility for safe conduct of the flight			
3	intervention by examiner, when necessary			
4	Use of R/T			
5	keeping brief, factual and unobtrusive notes			



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**EXAMINER APPLICANT NAME:**

**Section 3 ASSESSMENT (AMC1 FCL.1020 – (f))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
<b>Note:</b> The examiner applicant should refer to the flight test tolerances given in the relevant skill test or proficiency check. Attention should be paid to the following points (as applicable) :				
1	questions from the 'candidate'			
2	give results of the test and any sections failed			
3	give reasons for failure			

**Section 4 DEBRIEFING (AMC1 FCL.1020 – (g))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
<b>NOTE:</b> The examiner applicant should demonstrate to the inspector the ability to conduct a fair, unbiased debriefing of the 'candidate' based on identifiable factual items. A balance between friendliness and firmness should be evident. The following points should be discussed with the 'candidate', at the applicant's discretion:				
1	advise the candidate on how to avoid or correct mistakes			
2	mention any other points of criticism noted			
3	give any advice considered helpful			

**Section 5 RECORDING OF DOCUMENTATION (AMC1 FCL.1020 – (h))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
<b>NOTE:</b> The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:				
1	the relevant test or check form			
2	licence entry			
3	notification of failure form			
4	relevant company forms where the examiner has privileges of conducting operator proficiency checks			

**Section 6 DEMONSTRATION OF THEORETICAL KNOWLEDGE (AMC1 FCL.1020 – (i))**

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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1	The examiner applicant should demonstrate to the inspector a) satisfactory knowledge of the regulatory requirements associated with the function of an examiner			
<b>EXAMINER APPLICANT NAME:</b>				

**C. NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE**

<b>Examiner Applicant Name:</b>									
<b>Aircraft Reg or FSTD ID No. :</b>				<b>LOCATION :</b>					
<b>Time OFF Blocks:</b>		<b>Time ON Blocks:</b>		<b>TOTAL Time :</b>					
<b>Candidate(s) Observed under Test / Check</b>	<b>Name(s)</b>			<b>Licence Number(s)</b>					
(i) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)									
(ii) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)									
<b>Specify Type of Test / Check conducted by Examiner Applicant (Tick ✓)</b>				LPC	<input type="checkbox"/>	LST	<input type="checkbox"/>	OPC	<input type="checkbox"/>
<b>RESULT (Tick ✓)</b>	<b>PASS</b>	<input type="checkbox"/>	<b>FAIL</b>	<input type="checkbox"/>	<b>If result is Fail, report details in Section D.</b>				

**EXAMINER APPLICANT**

<b>Signature :</b>		<b>Date:</b>	
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**IAA INSPECTOR / SENIOR EXAMINER:**

I hereby certify completion of the **Assessment of Competence** for Examiner Privileges for the above named Examiner Applicant:

<b>Name : (Block Capitals)</b>	
<b>Signature :</b>	<b>Date:</b>



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**D. IAA INSPECTOR / SENIOR EXAMINER'S REPORT**

Please enter any relevant details:

**For IAA Use Only :**

**Examiner Certificate Application Review :**

**Issue**

**Do Not Issue**

**If Not Issued –  
Enter Reason Here:**

**NEW CERTIFICATE EXPIRY DATE:**

**Restrictions:**

**Approved by IAA Authorised Officer  
(Name):**

**Signature:**

**Date:**



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**E. GENERAL GUIDANCE TO EXAMINER APPLICANTS**

**Examiners assessment of competence (see AMC1 FCL.1020)**

1. Applicants for an examiner certificate shall demonstrate their competence to an inspector from the Irish Aviation Authority or a senior examiner specifically authorised to do so by the IAA through the conduct of a skill test, proficiency check or assessment of competence in the examiner role for which privileges are sought, including briefing, conduct of the skill test, proficiency check or assessment of competence, and assessment of the person to whom the test, check or assessment is given, debriefing and recording documentation.
2. An inspector of the IAA or a senior examiner will observe the examiner applicant conducting a test on a 'candidate' in a Full Flight Simulator (FFS) for which examiner certificate is sought. Items from the related training course and test or check schedule will be selected by the inspector for examination of the 'candidate' by the examiner applicant. Having agreed with the inspector the content of the test, the examiner applicant will be expected to manage the entire test. This will include briefing, the conduct of the flight, assessment and debriefing of the 'candidate'. The inspector will discuss the assessment with the examiner applicant before the 'candidate' is debriefed and informed of the result.
3. A line crew or crewmember under check will form the 'candidate(s)' under check. The Inspector from the IAA or Senior Examiner will be ultimately responsible for the conduct of the check and is the Authorised Examiner for the test, check or assessment of competence.
4. During the skill test or proficiency check the TRE applicant occupies the Instructor Operation Station in a Full Flight Simulator (FFS).





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**F. IAA PAYMENT FORM**

The current fee can be found in the ['Synopsis of Fees for Personnel Licensing'](#) on the IAA website ([www.iaa.ie](http://www.iaa.ie)).

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) Order](#).

I am paying by:-

CREDIT CARD  DEBIT CARD  LASER  CHEQUE  POSTAL ORDER

**- PLEASE DO NOT SEND CASH -**

Please make cheques payable to **'Irish Aviation Authority'**.

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card) \_\_\_\_\_

Card Number

Valid from:   /   Expiry Date   /

Security Code (last 3 digits on signature strip on reverse of card)