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Issue Date: 23/02/2024

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 DE	TAILS - EXAMINER	R APPL	ICANT								
Surname				First Name(s)							
Title (Mr / Mrs / Ms	etc)			Date of Birth (dd/mm/yyyy)							
Nationality											
Permanent address	i										
Contact Tel. No				Mol	bile Tel. No.						
E-mail address											
Date of Application:	/	/									
2. APPLICATION	tick as appropriate	e) (Ref F	CL.1000))							
I am applying for the	e: (Tick ✓) Initial Iss	sue 🔲	/ Re-	validation	/ Renewal	or extensio	n of privileges				
of the Examiner Ce	rtificate indicated be	low:									
(TRE)	(SFE)	(FE)]	(IRE)	((CRE)	(FIE)				
Aircraft Type(s) or Class(s)											
3. DETAILS OF EX	(AMINER APPLICA	NT'S V	ALID LIC	ENCE or EXF	PIRED LICE	NCE (SFE)					
Licence Grade	Licence Ref. N		Exp	iry Date		ating or LPC	Expiry Date				
			(if ap	oplicable)							
<u> </u>											
4. DETAILS OF EXAMINER APPLICANT INSTRUCTOR CERTIFICATE(s) HELD											
Type / Privile	eges of Instructor Ce	ertificate		Certificate E	Expiry Date	Restrictions (e.g. Simulator only etc.)					



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EXAMINER APPLICA	NI NAME:									
5. DETAILS OF EXAM	MINER APPL	ICANT EXAMINER	CER	TIFICATE	(s)	HELD				
Type / Privilege	Ce	ertificate E	хріі	y Date	tions (e.g.	ions (e.g. Simulator only etc.)				
6. FLYING EXPERIEN	NCE (Initial Is	ssue Only)								
Flight Time as F Aircraft applicable to th					а	otal Fligh s PIC on <i>i</i>	Aircraft			
(state Type / Cl	ass)	1			a	pplicable applicat				
7. FLYING EXPERIEN	NCE AS INST	RUCTOR (Initial Iss	sue C	Only)		1				
1.Type of Instruction	Hours	2. Type of Instruction	n	Hours		3. Type	of Instru	iction	Hours	
8. REVALIDATION (F	CL.1025)									
	•	roficiency Checks / A	sses	sments						
	onducted dur	ing the validity period								
2. Date/Place of atte		A Approved Examinate period of 12 month								
		iry date of the certific								
	Date/Place of Assessment of Skill Test / Proficiency Check conducted in last year of certificate validity. (See PART 2 of this form)									
				1						
9. RENEWAL (to be	completed fo	or Examiner Renewa	al ap	plication	s oı	nly)				
Date/Place of attempted Refresher Semire preceding the appreceding the appreciation and appreciation appreciatio	a r (in the per	riod of 12 months imr		ately						
Date/Place of Ass (See PART 2 of this for	sessment of 0	,	20)							



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EXAMINER APPLICANT NAME:	
10. DECLARATION OF COURSE COMP	LETION (FCL.1015) (Initial Issue Only)
Approved Training Organisation (ATO):	ATO Approval No:
ATO Approval issued by:	
successfully completed the	has: (Insert Company Name) 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?	
application for certification as an Examiner, the a purposes. We will not disclose any of your inform	will be used to enable us to carry out our regulatory duties including processing your administration and maintenance of subsequent certification and for enforcement nation to any organisation without your explicit consent, except where we are obliged or to comply with law enforcement agencies. ARA.FCL.205 (b) requires a list of
Where can you find out more?	
	ur privacy, please read our detailed privacy notice at https://www.iaa.ie/home/footercer at dataprotection@iaa.ie, or write to Data Protection Officer, Irish Aviation eet, Dublin 2, D02 T449.
12. EXAMINER APPLICANT'S DECLARA	ATION
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
I have never held a Part-FCL Exam suspended.	niner Certificate issued in another Member State which was revoked or
I further declare that the information given in	n 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

EXAMIN	IER APPLICANT NAME:					
Please co	mplete the form in BLOCK	CAPITALS				
	eclaration by the Examiner e of Examiner and must pass				taking an Ass	essment of Competence in the
Examine	r Applicant Signature:				DATE:	
B. EX	AMINER ASSESSMENT O	F COMPETENCE	EREPORT	FORM		
Section 1	l	BRIEF	ING THE C			(AMC1 FCL.1020 - (d))
Item No.	Description		Pass (Tick ✓)	Fail (Tick ✔)	Comments	
Note: The	l e 'candidate' should be giver ing (as applicable):	n time and facilitie	,	,	st flight. The b	riefing should cover
1	the objective of the flight					
2	licensing checks, as neces	ssary				
3	freedom for the 'candidate questions	' to ask				
4	operating capacity of 'cand	lidate'				
5	aims to be identified by 'ca	andidate'				
6	simulated weather assumptions example icing and cloud b					
7	contents of exercise to be	performed				
8	agreed speed and handlin (e.g. V-speeds, approach					
9	respective roles of examin	er				
Section 2	2	СО	NDUCT OF	TEST		(AMC1 FCL.1020 - (e))
Item No.	Description		Pass (Tick ✓)	Fail (Tick ✔)	Comments	
	e examiner applicant should check details should be follo					he 'candidate'. The
1	the need to give the 'candi precise instructions	idate'				
2	responsibility for safe cond flight	duct of the				
3	intervention by examiner, necessary	when				
4	Use of R/T					
5	keeping brief, factual and u	unobtrusive				
	1		l .		1	



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EXAMINER APPLICANT NAME:

Section 3	3 A	SSESSME	NT	(AMC1 FCL.1020 - (f))				
Item No.	Description	Pass (Tick ✔)	Fail (Tick ✔)	Comments				
	e examiner applicant should refer to the fligh should be paid to the following points (as ap		ances giver	in the relevant skill test or prof	iciency check.			
1	questions from the 'candidate'							
2	give results of the test and any sections failed							
3	give reasons for failure							
Section 4	1	DEBRIEF	ING	(AMC1 FC	CL.1020 – (g))			
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments				
debriefing	he examiner applicant should demonstrate to g of the 'candidate' based on identifiable fact nt. The following points should be discussed	ual items. <i>i</i>	A balance l	etween friendliness and firmne	ss should			
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 RECORD	ING OF D	OCUMENT	ATION (AMC1 FO	CL.1020 - (h))			
Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments				
	he examiner applicant should demonstrate to cords may be:	the inspe	ctor the ab	lity to complete the relevant rec	ords correctly.			
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 TH	EORETIC	AL KNOW	LEDGE	(AMC1 FCL.1020 - (i))
Item No	Description	Pass (Tick ✓)	Fail (Tick ✔)	Comments	
1	The examiner applicant should demonstrate to the inspector a) satisfactory knowledge of the regulatory requirements associated with the function of an examiner				



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EXAMINE RALLER	OAITI ITAME.									
C. NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE										
Examiner Applicant Name:										
Aircraft Reg or FSTD ID No.:				LOCA	ATION:					
Time OFF Blocks:		Time O	N Blocks:			TOTAL	Time:			
Candidate(s) Obse Test / Che		Na	ame(s)			L	icence.	Number(s)		
(i) PF	PM (if applicable)	e)								
(ii) PF	PM (if applicable)									
Specify Type of Te Examiner Applica		cted by		LPC		LST		OPC		
RESULT (Tick ✓)	PASS			FAIL			esult is Fail, etails in Sect	-	
		EXA	MINER A	APPLIC	ANT					
Signature:						Date:				
	IAA INSPECTOR / SENIOR EXAMINER:									
	I hereby certify completion of the Assessment of Competence for Examiner Privileges for the above-named Examiner Applicant:									
Name: (Block Capitals)										
Signature:		Date:								



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EXAMINER APPLICANT NAME:																 	 	
D. IAA INSPECTOR / SENIOR EX	AMI	IN	N	NE	ER'S	S R	ΕP	OR	Γ									
Please enter any relevant details:	Nagas opter on viralevent details:																	
Please effici any felevant details.																		
For IAA Use Only:																		
Examiner Certificate Application Review:	Issi	su	u	ue	9]			Do I	Not	Issu	ıe			
If Not Issued – Enter Reason Here:																		
NEW CERTIFICATE EXPIRY DATE:																		
Restrictions:																		
Approved by IAA Authorised Officer (Name):																		
Signature:														Date	ə :			



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_	CENERAL CUIDANCE TO	EVAMINED ADDITIONALE
E.	GENERAL GUIDANCE TO	EXAMINER APPLICANTS
	Authority or a senior examiner of proficiency check or assessment briefing, conduct of the skill tes	ce (see AMC1 FCL.1020) ifficate shall demonstrate their competence to an inspector from the Irish Aviation specifically authorised to do so by the IAA through the conduct of a skill test, nt of competence in the examiner role for which privileges are sought, including t, proficiency check or assessment of competence, and assessment of the person essment is given, debriefing and recording documentation.
2.	'candidate' in a Full Flight Simu course and test or check sched examiner applicant. Having agr expected to manage the entire	nior examiner will observe the examiner applicant conducting a test on a lator (FFS) for which examiner certificate is sought. Items from the related training lule will be selected by the inspector for examination of the 'candidate' by the reed with the inspector the content of the test, the examiner applicant will be test. This will include briefing, the conduct of the flight, assessment and debriefing or will discuss the assessment with the examiner applicant before the 'candidate' is esult.
3.		der check will form the 'candidate(s)' under check. The Inspector from the IAA or ely responsible for the conduct of the check and is the Authorised Examiner for the ompetence.
4.	During the skill test or proficien Flight Simulator (FFS).	cy check the TRE applicant occupies the Instructor Operation Station in a Full
F.	IAA PAYMENT FORM	
The	current fee can be found in the c	current version of the IAA Fees Schedule.
Full	details of fees charged and levie	d by the IAA are available in the current Fees Schedule.
l an	n paying by: -	
	EDIT CARD DEBIT CARD	
		- PLEASE DO NOT SEND CASH –
Plea	ase note that we do not accept A l	MERICAN EXPRESS or DINERS CARD.
	aying by credit or debit card, pleas d details are destroyed upon com	se complete the information required below (in block capitals). Note: All credit pletion of the transaction.
Nan	ne of Card holder (as stated on th	ne card)
Car	d Number	
Vali	d from:	//
Sec	curity Code (last 3 digits on signat	ure strip on reverse of card)