

EXAMINER DESIGNATION AND QUALIFICATION RECORD

Type Of Designation											
<input type="checkbox"/>	Private Pilot Examiner			<input type="checkbox"/>	Commercial Pilot Examiner			Airline Transport Pilot			
<input type="checkbox"/>	Proficiency Pilot Examiner			<input type="checkbox"/>	Flight Engineer Examiner			Flight Instructor Examiner			
<input type="checkbox"/>	Other										
Attach supplemental sheets if more space is required for any item											
1. NAME (First, middle, last)						Telephone No.					
2. NATIONAL ADDRESS (Building No., street, neighborhood, city, postal code and additional No.)						3. DATE OF BIRTH (Day, month, and year)		4. S.A. CITIZEN			
								<input type="checkbox"/>	YES		
								<input type="checkbox"/>	NO		
5. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN EXAMINER DESIGNATION											
<input type="checkbox"/>	YES			<input type="checkbox"/>	NO						
Type and number											
6. HAS ANY CERTIFICATE OR RATING ISSUED YOU EVER BEEN SUSPENDED OR REVOKED OR HAVE YOU PAID A CIVIL PENALTY AS A RESULT OF A VIOLATION OF THE GACA REGULATIONS. (Complete for original designations only)											
<input type="checkbox"/>	YES										
<input type="checkbox"/>	NO										
7. CERTIFICATES HELD											
Type			Certificate No.			Ratings		Date Issued			
8. FLIGHT EXPERIENCE (in hours)											
		AIRPLANE		ROTORTYPE		GLIDERS		AIRSHIPS		INSTRUMENT FLIGHT (Actual or sim)	NIGHT FLIGHT
		TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO	TOTAL	LAST 12 MO		
PILOT-IN-COMMAND											
FLIGHT INSTRUCTION GIVEN											
COPILOT											
FLIGHT NAVIGATOR											
FLIGHT ENGINEER											
9. EMPLOYMENT (Indicate professional experience pertinent to this designation)											
Employer's Name			Nature Of Work			Dates		Title Of Position			
10. SPECIAL TRAINING PERTINENT TO THE DESIGNATION											
CERTIFICATION: I certify that I am familiar with the requirements for this designation, its privileges and limitations, and that the information stated herein is true. It is understood that this designation may be terminated upon notice by the GACA for reasons specified in section 183.15(b) of the General Authority of Civil Aviation Regulations.											
Date					Signature						

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FOR GACA USE					
Type Of Action		Flight Test Activities-General Aviation (Complete for renewals and additional designations)			
<input type="checkbox"/>	Original Issuance				
<input type="checkbox"/>	Renewal				
<input type="checkbox"/>	Additional Authority				
<input type="checkbox"/>	Spot Check Only- No Renewal Effected	Date Last Report Submitted			
<input type="checkbox"/>	Reinstatement				
Certificates/Ratings	Total Submitted	Disapproved By Examiner	Accepted By Inspector	Rechecked By Inspector	No. Returned for Correction
Private Pilot					
Commercial Pilot					
Airline Transport Pilot					
Instrument Rating					
Additional Ratings	Private				
	Commercial				
	ATR				
Character and Reputation (Include industry and community reputation as well as personal knowledge possessed by GACA personnel)					
Professional Ability (Brief narrative description of examiner indoctrination and training given and results expressed as "good," excellent or "unsatisfactory.")					
Complete for original issuance and reinstatements only					
Inspector's Recommendation/Action			<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	
Justification For Approval/Reasons for Disapproval					
The individual named has been flight tested/examined and deemed competent to perform the duties of the designation indicated below.					
Designation					
<input type="checkbox"/>	Private Pilot	<input type="checkbox"/>	Commercial Pilot Examiner	<input type="checkbox"/>	Airline Transport Pilot Examiner
<input type="checkbox"/>	Proficiency Pilot Examiner	<input type="checkbox"/>	Flight Engineer Examiner	<input type="checkbox"/>	Flight Instructor Examiner
Category					
<input type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	ROTORCRAFT	<input type="checkbox"/>	GLIDER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	AIRSHIP
Additional Qualifications Limitations (For pilot flight engineer examiner give aircraft category)					

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Date	Credential No.	Inspector's Name	Signature
<p>The information on this form is solicited under authority of the General Authority of Civil Aviation Regulations Part 183. The purpose of this information is to establish your qualifications as an examiner. Submission of the data is mandatory. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility as an examiner, and for statistical purposes.</p>			
GACA SELECTION BORD			
<input type="checkbox"/>	Approved	Date	Signature
<input type="checkbox"/>	Disapprove		
Type Of Designation		Certificate Of Authority Issued	
		No.	To Serve Under
		Expiration Date	