



PLEASE PRINT and use (dd/mm/yy) date format

EXAMINER INITIAL ISSUE, RENEWAL AND REVALIDATION APPLICATION				
INITIAL ISSUE <input type="checkbox"/>		RENEWAL <input type="checkbox"/>		VALIDATION <input type="checkbox"/>
(cross applicable boxes)				
APPLICANT'S IDENTIFICATION				
NAME (SURNAME FIRST)			ADDRESS	
EMPLOYER	NATIONALITY	DATE OF BIRTH	PASSPORT NO.	DATE OF EXPIRY
TYPE OF LICENCE	LICENCE NO.	LICENCE EXPIRY DATE	RATINGS HELD	
FLYING EXPERIENCE MPA (hours)				
PIC	PIC NIGHT	PIC ON TYPE	STD	
FLYING EXPERIENCE BEFORE EXAMINER COURSE				
Complete for initial issue and renewal of examiner authority:				
Flight experience: _____ hours (minimum 2000) of which MPA Experience: _____ hours (minimum 1500 of which 500 hours as PIC)				
Flight Experience as SFI on type: _____ hours				
Flight Experience as TRI on type (on aeroplane): _____ hours (on simulator): _____ hours				
Experience on type in the last 12 months as SFI (hours): _____ and as TRI: _____ Type of Aeroplane: _____				
Last Skill Test / Proficiency check date: _____ Type of Aeroplane: _____ Examiner Name: _____				
Examiner Course. Location : _____ No. of Sessions: _____ Dated completed: _____				
Complete for revalidation of examiner authority:				
Number of Check / Test Conducted during authorisation period, year 1 : _____ year 2 : _____ year 3 : _____				
Examiner refresher course during the authorisation period. Conducted by: _____				
Location: _____ Date: _____ Signature: _____				
DECLARATION BY APPLICANT				
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT. I ALSO AGREE TO ABIDE BY THE PROVISIONS OF THE CIVIL AVIATION LAW OF THE KINGDOM OF BAHRAIN AND THE REGULATIONS ISSUED THEREUNDER.				
APPLICANT SIGNATURE: _____			DATE: _____	
APPLICATION				
Examining Privileges Requested for:				
Synthetic Flight Examiner <input type="checkbox"/>		Type Rating Examiner <input type="checkbox"/>		
COMPANY RECOMMENDATION				
Post Holder Training/Post Holder Flight Operations (name): _____ I hereby recommend the Applicant to be Authorised as an Examiner for this company. I also verify the statement of qualifications and experience and that the applicant has completed an approved BCAA/Examiner course.				
Post Holder Signature: _____		Licence No.: _____	Date: _____	
BCAA INSPECTOR VERIFICATION				
The following have been sighted: Log Book <input type="checkbox"/> Licence <input type="checkbox"/> Training Record <input type="checkbox"/>				
The Applicant has been briefed on the procedures and BCAA responsibilities.				
Recommended: Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Inspector Name: _____		Signature: _____		Date: _____

Please attach ALD/LIC/F082 for initial applicant also attach resume