

**AIR SAFETY SUPPORT
INTERNATIONAL**

Flight Crew Licence

Flight Examiner Authorisation (Issue/Renewal)

for ASSI use only

OT:		
App received:		
Checked	Date	Initials



Please annotate with a cross to indicate if your application is an initial issue or a renewal for a flight examiner authorisation and if you are the holder of an Overseas Territories Certificate of Validation or Non-Overseas Territories Licence Holder.

Initial Issue	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Overseas Territories Validation Holder	<input type="checkbox"/>	Non-Overseas Territories Licence Holder	<input type="checkbox"/>

Instructions on the completion of the form can be found at section 8.

1 PERSONAL DETAILS	
Surname	<.....>
Forename(s)	<.....>
Telephone number	<.....>
Cell Phone number	<.....>
E-mail	<.....>

2 CURRENT LICENCE HELD	
<input checked="" type="checkbox"/>	<i>Please tick as appropriate</i>
<input type="checkbox"/>	Airline Transport Pilot licence (aeroplane)
<input type="checkbox"/>	Airline Transport Pilot licence (helicopter)
<input type="checkbox"/>	Commercial Pilot licence (aeroplane)
<input type="checkbox"/>	Commercial Pilot licence (helicopter)

3 CURRENT LICENCE DETAIL	
Licence issuing State	<.....>
Full licence number	<.....>
Date of licence issue (dd/mm/yyyy)	<.....>
Ratings listed on licence (Use additional sheets if necessary)	<.....> <.....>
Restrictions listed on licence (if applicable)	<.....> <.....>

4 MEDICAL CERTIFICATE	
Medical certificate issuing State	<.....>
Class of Medical	<.....>
Date of last Medical (dd/mm/yyyy)	<.....>
Date next Medical due (dd/mm/yyyy)	<.....>

5	AIRCRAFT FOR WHICH AUTHORISATION IS REQUIRED		
Aircraft Type		<.....>	
Aircraft Operator Name		<.....>	
Note: For the initial issue of an authorisation a letter of recommendation, from an appropriate Overseas Territories operator, is required to support your application.			

6	FLIGHT TIME		
Flight instructor/examiner time in previous 12 months		Total time	<.....>
Number of flight examinations conducted in previous 12 months		Number	<.....>

7	DECLARATION BY APPLICANT		
Article 173 of the Air Navigation (Overseas Territories) Order 2013 (as amended) provides that a person shall not make any false representation for procuring for himself or any other person, the grant, issue, renewal or re-certification of any certificate or licence.			
I hereby declare that the statements made are to the best of my belief correct			
Signature:Date:			

8	INSTRUCTIONS FOR COMPLETION OF FORM		
Complete the form in BLOCK CAPITALS unless otherwise indicated.			
Sections 3, 4 & 6 require supporting documentation detailed in section 9 of this form.			

9	DOCUMENTATION REQUIRED FOR THIS APPLICATION		
The form must be accompanied by ALL of the following documentation:			
Copy of Licence			<input type="checkbox"/>
Copy of Class or Type Ratings			<input type="checkbox"/>
Copy of Examiner/Instructor Qualifications			<input type="checkbox"/>
Copy of Medical certificate (<i>only required if validation not held</i>)			<input type="checkbox"/>
Copy of logbook showing Flight Examiner experience			<input type="checkbox"/>
Copy of supporting personal identification (<i>only required if validation not held</i>)			<input type="checkbox"/>

10	SUBMISSION INSTRUCTIONS		
The completed form and documentation requested at Section 9 should be sent to:			
Personnel Licensing (FCL) Air Safety Support International Floor 2, The Portland Building, 25 High Street Crawley, West Sussex RH10 1BG UNITED KINGDOM			
Licensing enquiries licensing@airsafety.aero General email enquiries@airsafety.aero Website www.airsafety.aero			
If you are not the holder of an Overseas Territories validation we may verify with the original licence issuing State. A decision on whether to issue the authorisation will be delayed until the verification process is complete.			
Regulatory Response Times for Personnel Licensing activities can be found on the ASSI website at www.airsafety.aero			

11	FORM IDENTIFICATION		
Form Number		PEL-FRM-014	
Issue		4.0	
Last Amended		07/01/2020	
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