



Company Name

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ETHIOPIAN CIVIL AVIATION AUTHORITY

Document No

ECAA/PEL/OF/035

Document Title

Nomination for Designated Pilot Examiner

Issue No

1

Page No.

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Name of the Nominee-

1. Name of the Air Operator .

2. Name and designation of the person recommending the nomination .

3. Name of the Nominee .

4. Please attach a resume of the nominee with relevant details including;

- Aviation background.
- Qualifications.
- Licenses / Ratings
- Total flying hours
- Total hours on type as an instructor -----
- Any situation considered to be a possible conflict of interest -----
- Details of any breach of regulatory practice for which the nominee is convicted or Authority has imposed administrative penalties -----
- Any other information that may be useful to confer DPE authority -----

5. Date of Las Check ride


6. Date of Nominee's Joining the Air Operator

7. Whether the applicant has served as a DPE earlier ?
If Yes, please provide details.


YES
NO

Name of the Operator :
Nature and Scope of DPE Authority:

8. DPE Type requested

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9. Nature and Scope of DPE authority requested	Flight Examiner Airplane FE(A)	<input type="checkbox"/>
	Type Rating Examiner (Airplane)- TRE(A)	<input type="checkbox"/>
	Class Rating Examiner (Airplane) - CRE(A)	<input type="checkbox"/>
	Instrument Rating Examiner(Airplane)-IRE(A)	<input type="checkbox"/>
	Synthetic Flight Examiner(Airplane)-SFE(A)	<input type="checkbox"/>

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10. Nominee' s Declaration:

I certify that the particulars furnished by me are true and accurate and am aware that I would be disqualified to hold the DPE authority to be conferred on me, if any of the particulars declared are found to be false.

Furthermore I assure that I will exercise the privileges of the DPE authority in conformity with the applicable rules and standards specified by the Authority in the DPE manual.

Further I declare that (there is no conflict of interest that will obstruct my performance as a DPE as required in the DPE manual / I am aware of situations of conflict of interest which is tabulated in my attached resume).

Signature and date:

Name:

11. Declaration by the person recommending the nomination:


I certify that I have personally scrutinized the information provided and satisfied of its accuracy.

I declare that the nominee is the most suitable person amongst the current complement of pilots serving in the airline that satisfies all requirements in the DPE manual for appointment as a DPE.

I confirm that the nominee is given full freedom to act in complete loyalty to the Authority whilst performing the DPE's duties and functions and he would neither be subjected to disciplinary action or any discriminatory treatment, nor be influenced by the airline in any manner in relation to the conduct of his duties as a DPE.

Signature and date:

Name:

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12. Inspector's Verification and Recommendation

- a) Qualifications have been verified and meet the requirements as per the DPE Manual Chapter 2.
- b) I have completed the briefing / examining / de briefing as required in DPE manual Paragraph 3.4.
- c) I have completed the evaluation of the DPE nominee conducting a Check as per DPE Manual paragraph 3.5.

Granting of DPE authority is recommended / not recommended.

Signature and Date

Name:

13. Granting of DPE authority is approved not approved

Signature and Date

Director Aviation Personnel and Training
 Organization Certification

Name: