



Company Name

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**ETHIOPIAN CIVIL AVIATION AUTHORITY**

Document No

**ECAA/PEL/OF/036**

Document Title

**Nominee for Designated Aircraft Maintenance Technician  
Examiner (DAMTE)**

Issue No


1

Page No.

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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 or (Certificates) ·Total Service Year ·Total service year on type the type rating ·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 - None ·Any other information that may be useful to the authority - None	
5. Date of Last Renewal of license		
6. Date of Nominee's Joining the Air Operator		
7.Method, followed in the Selection	Operator Recommendation	
8. Whether the applicant has served as a DAMTE If Yes, please provide details.	YES NO	Name of the Operator : Nature and Scope of DAMTE Authority:
9. Details of the DAMTE Training received by the Nominee	1)Course Title : Date and Duration : Conducted by :	
	2)	
	3)	

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

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10. Nominees' Basic Licenses and ratings	Category of Basic Licenses	Date Issued
	Type Ratings	Date Issued

**11. Nominee' s Declaration:**

I certify that the particulars furnished by me are true and accurate and I am aware that I would be disqualified to hold the DAMTE 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 DAMTE authority in conformity with the applicable rules and standards specified by the Authority.

Further I declare that (there is no conflict of interest that will obstruct my performance as a DAMTE as required in the ECARAS Part2, 2.6.6 / I am aware of situations of conflict of interest which is Tabulated in my attached resume).

Signature and date:

Name:

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**12. 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.

I confirm that the nominee is given full freedom to act in complete loyalty to the Authority whilst performing the DAMTE'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 DAMTE.

Signature and date:

Name:

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**13. Inspector's Verification and Recommendation**

a) Qualifications have been verified and meets the requirements as per ECARAS Part2, 2.6.6.2

b) Maintained a current and valid AMT license and applicable ratings.

c) I have completed the evaluation of the DAMTE nominee conducting STS (Standard Skill Test)

Granting of DAMTE authority is recommended / not recommended.

Signature and Date

Name:

**14. Granting of DAMTE authority is approved  not approved**

Signature and Date

Director Personnel Licensing and Training Organization Certification Organization Certification

Name: