



SECTION:	LICENSING FORMS	LIF-AC-019
TITLE:	APPLICATION FOR FLIGHT EXAMINER	

INSTRUCTION:

Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

1 - APPLICATION TYPE

Initial issue Renewal

2 - ADDRESS WHERE DESIGNATED AUTHORIZATION WILL BE PERFORMED

Name of the Training Organization:

Telephone No.:

Location address:

CAMA Approval Reference:

3 - APPLICANT DETAILS

Name: _____ Gender: Male Female

Date of birth:

Age:

Licence No.:

ID Card/Passport No.:

Nationality:

Name of Employer:

Address:

Mobile Number (s): _____

Email Address:

4 - DOCUMENTS CHECKLIST / ATTACHEMENTS

(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from holder of air operator certificate (AOC)	<input type="checkbox"/>
2-	Check minimum hour's FE Pre requisite requirement as per YCARs	<input type="checkbox"/>
3-	Shall hold a license and rating at least equal to the license and rating for which they will be issued a FE certificate.	<input type="checkbox"/>
4-	Shall hold an appropriate instructor rating for which they will be issued a Flight Examiner certificate.	<input type="checkbox"/>
5-	Shall be qualified to act as pilot in command of the aircraft during flight checks, if manipulating the flight controls.	<input type="checkbox"/>
6-	FE course completion certificate.	<input type="checkbox"/>
7-	Ground and Flight Observation session under the supervision of Designated Examiner or CAMA inspector (Training record form)	<input type="checkbox"/>
8-	Copy of Log Book with certified flying hours.	<input type="checkbox"/>
9-	Issuance of appropriate FE letter of Authority with FE certificate for PPL, CPL, Instrument and ME as per their flight hours and instruction experience.	<input type="checkbox"/>
10-	Copy of current medical certificate	<input type="checkbox"/>
11-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
12-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
13-	Other (Specify if any): _____	

5 - LICENSE & MEDICAL DETAILS

Do you hold a Yemeni Licence? Yes No (If so, please complete the following items):

Licence Number: _____ Licence Type: _____ Expiry Date: _____

Do you hold a Yemeni Medical Certificate? Yes No (If so, please complete the following items):

Number: _____ Class: I II Expiry Date: _____

Do you hold a Foreign Licence? Yes No (If so, please complete the following items):

Authority: _____ Licence No: _____ Licence Type: _____ Expiry Date: _____

Do you hold a Foreign Medical Certificate? Yes No (If so, please complete the following items):

Number: _____ Authority: _____ Class: I II Expiry Date: _____



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Has any license (Yemeni or Foreign) ever been suspended or revoked? Yes No
(If so, please submit details in separate sheet)

Has your Medical Certificate (Yemeni or Foreign) ever been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)? Yes No (If so, please submit details in separate sheet)

6- APPLICATION DETAILS

Requested Privileges

License Type: PPL CPL ATPL

Category: Aeroplane Helicopter **Group Ratings:** S / E Land M / E Land

Ratings: IR FI IRI CRI SFI STI TRI MCCI

English Language Proficiency (ELP) Level 4 5 6 **Assessment Date:** _____

Requested Type Ratings

Rating	Position	Date of PC / Skill Test	Name of Examiner
Class Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)		
Type Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)		
Instrument Rating	<input type="checkbox"/> Captain (P1) <input type="checkbox"/> Co-Pilot (P2)		

If R.of.Y. Approved Flying Training Organization (FTO) Graduated
Flying Training Organization (FTO) Name: _____ **Graduation Date:** _____

Logbook Hours	Total	PIC	SIC	Solo	Solo X-Country	Total X-Country	Instrument	Simulated Instrument	PIC Night	Total Night	Flight Instruction	IFR Time
Aeroplane												
Helicopter												

Flight Examiner (FE) Training Record

Candidate Name:	License NO:
Mentor Name:	Examiner NO:
Aircraft Type:	Date:

Ground Observation Training

Flight	Items	Date	Mentor/Examiner Name &Signature
1-			
2-			
3-			

Flight Observation from back Seat

Flight	Items	Date	Mentor/Examiner Name &Signature
1-			
2-			
3-			



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Under Supervision-Recommendations and review			
Flight	Items	Date	Mentor/Examiner Name & Signature
1-			
2-			
3-			

I certify that: _____ has successfully completed Flight Examiner (FE) Ground and Flight Training Program

Candidate Signature: Mentor/Examiner Signature: Date:

Please use additional sheets if needed

7 - APPLICANT DECLARATION



I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on both pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the license or rating.

Signature of Applicant (Sign inside the above box) Date: _____

**8 - CAMA ACTION
(For CAMA Use Only)**

8-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Age:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	4- Experience:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	5- Medical:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
3- Skill:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	6- Others:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<input type="checkbox"/> Forward <input type="checkbox"/> Request More Information <input type="checkbox"/> Reject <input type="checkbox"/> Approve			

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: _____
Signature: _____ Date: _____

8-2 EXAMINATION MANAGER / D.G. OF PEL & EXAMINATION

Reject Approve

Name of Examination Manager / D.G. of PEL & Examination: _____
Signature: _____ Date: _____