

# APPLICATION FOR AUTHORISATION AS AN AUTHORISED FLIGHT EXAMINER



## Instructions

### General

1. This form will take approximately 10 minutes to complete.
2. All fields in the form must be completed unless otherwise indicated. Incomplete forms will not be processed.
3. Submit the completed application form to CAAS Safety Policy and Planning Division via email at [CAAS\\_PEL\\_FCL@caas.gov.sg](mailto:CAAS_PEL_FCL@caas.gov.sg)

### Collection

4. Assessment of the application would take approximately 7 working days from the date of submission. You will be notified via SMS when the certificate is ready for collection.

### Supporting Documents to be Submitted

	For CAAS Use
<b>For Initial Authorisation</b>	
A copy of a valid CPL/ATPL including valid Medical Certificate, valid Aircraft, Instrument, Flying Instructor Ratings	
A copy of valid Certificate of Test page or equivalent to show Aircraft, Instrument and Flying Instructor Ratings are valid	
A copy of valid Flight Examiner Authorisation issued by the foreign authority (if applicable)	
A copy of completed AFE Training Programme, supported and certified by the company	
<b>For Reauthorisation and/or Change of Aircraft Type or Addition of Aircraft Group</b>	
<b>For foreign licence holders only:</b> A copy of valid CPL/ATPL, valid Medical Certificate, valid Aircraft, Instrument, Flying Instructor Ratings and valid Flight Examiner Authorisation issued by the foreign authority (if applicable)	
<b>For non-foreign licence holders:</b> <ol style="list-style-type: none"> <li>1. A copy of valid Certificate of Test page or equivalent to show Aircraft, Instrument and Flying Instructor Ratings are valid</li> <li>2. A copy of most recent CAAS Authorised Flight Examiner Certificate</li> </ol>	
<b>For Reauthorisation:</b> In addition to the above as appropriate, CAAS Form FC37A (Record of Tests/ Checks), supported and certified by the organisation	
<b>For Change of Aircraft Type:</b> In addition to the above as appropriate, evidence of having completed instructing an appropriate Type Rating programme on the new aircraft type, supported and certified by the company	
<b>For Additional Aircraft Group (single pilot):</b> In addition to the above as appropriate, instructional experience teaching an appropriate Type Rating programme in the new aircraft Group, supported and certified by the organisation	
<b>For Additional Authorisations</b>	
Relevant supporting documents	
To conduct MPL Final Assessment Flight Test, a copy of MPL Instructor Qualification	
To conduct English Language Screening, a copy of licence showing the English Language Proficiency Endorsement	

Part I – AFE Application		
Purpose of Application(s):	<input type="checkbox"/> Initial Authorisation	<input type="checkbox"/> Additional Authorisation
	<input type="checkbox"/> Reauthorisation	<input type="checkbox"/> Change of Aircraft Type
		<input type="checkbox"/> Addition of Aircraft Group
Type of Authorisation(s) Sought:	<input type="checkbox"/> PPL Final Handling Test	<input type="checkbox"/> Aircraft Rating Test
	<input type="checkbox"/> CPL General Flight Test	<input type="checkbox"/> Instrument Rating Test
	<input type="checkbox"/> MPL Final Assessment Test	<input type="checkbox"/> Flying Instructor Rating Test
		<input type="checkbox"/> English Language Screening
Aircraft Type / Group* Sought for Authorisation :		

Part II – Applicant Information	
Name as in NRIC/ Passport: (please underline surname)	
Mailing Address:	
Tel (Home):	Email:
Tel (Mobile):	
Organisation:	Designation:

Part III – Licence Information		
Licence Type and Issuing Authority:	Licence No:	Date of Licence & Medical Expiry:
Date of last Aircraft Rating Test:	Date of last Instrument Rating Test:	
Date of FI Expiry :	Date of AFE Expiry: (where applicable)	

Part IV – Qualifying Requirements	
<b><u>For AFE</u></b>	<b><u>For Language Screener</u></b>
Date completed CAAS AFE Induction / Refresher* Briefing: _____	Date completed English Language Screener Briefing: _____
AFE Surveillance Check was conducted by _____ (Name of SAFE/ CAAS Inspector*)	Briefing was conducted by _____ (Name of CAAS Inspector)
on _____ (Date)	

\* Delete where applicable

Part V – For Initial Authorisation (or enter NA)	
<b>To Conduct Tests on Single Pilot Aircraft</b>	
Total Flying Hours on Group A/B aircraft:	To conduct FI tests, total Instructional experience conducting ab-initio Instructor courses:
Total ab-initio instructional experience on Group A/B aircraft:	To conduct tests on Group B aircraft, total ab-initio instructional experience on Group B aircraft:

**To Conduct Tests on Multi Pilot Aircraft**

Total Flying Hours  
on Multi Pilot Aircraft:

Total PIC Hours  
on Multi Pilot Aircraft:

Total PIC Hours on the Aircraft  
Type Sought for Authorisation:

Total Instructional Hours on  
Aircraft Type Sought for Authorisation:

Total Instructional Hours on Aircraft Type Sought for  
Authorisation conducting type rating, recurrent or  
reinforcement training whilst holding a Singapore FI Rating:

**To Conduct Instrument Rating Test**

Total Actual or Simulated  
Instrument Flight Time:

Total Instrument  
Instructional Hours:

**Part VI – For Change of Aircraft Type or Additional Aircraft Group (or enter NA)**

Type of training programmes  
that has been conducted:

Date completed instructing appropriate  
programme on new Aircraft Type/Group\*:

**Part VII - Declaration by Employer in Support of Application**

We support the application for the authorisation as an Authorised Flight Examiner (AFE) and have verified the information provided in this application form.

We confirmed that the applicant has not been subject to any technical or disciplinary issues in the last 5 years for the initial AFE authorisation; or last 2 years for the AFE re-authorisation.

We undertake to inform CAAS when the AFE is no longer required to exercise his privileges, relinquished his role or ceased to be employed by the organisation.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Name / Designation : \_\_\_\_\_

Company Stamp : \_\_\_\_\_

## Part VIII – Declaration and Consent to Disclosure and Collection of Information

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No".

	<u>Yes</u>	<u>No</u>
1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently or have been disqualified from holding any aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently being or have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any history of physical or mental health or serious behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you convicted for any offence, whether or not the conviction was in a Singapore court?	<input type="checkbox"/>	<input type="checkbox"/>

**If "Yes", please provide details:**

- I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under Section 29C(1) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Please visit our <https://www.caas.gov.sg/privacy-statement> for further details on our privacy statement.

Signature of Applicant:

Date (dd/mm/yyyy):

<b>For Official Use</b>	
Date Application Received (dd/mm/yyyy):	Received By:
Date of Notification to Applicant:	Authorisation Issued By: