



REPUBLIC OF MAURITIUS

INSTRUCTOR / EXAMINER AUTHORISATION REPORT

To be completed by: Training Instructors and Senior Examiners authorised by the DCA only

Type of	a)		DCA File Reference
Assessment	b)		

SECTION A								
APPLICANTS NAME:								
E-MAIL ADDRESS:						LICENCE NO.		
SPONSORING COMPANY:								
CREW UNDER CHECK OR INSTRUCTION						LICENCE NO.		
						LICENCE NO.		
DATE OF ASSESSMENT:		LOCATION:		BLOCK TIMINGS:	ON		OFF	
AIRCRAFT TYPE:				AIRCRAFT REG. / STD CODE:				

SECTION B	
1	ROUTE AND APPROACH AIDS USED, AND/OR CONTENT OF TEST/TRAINING:
2	ASSESSMENT (TO INCLUDE DETAILS OF BRIEFING, CONDUCT OF FLIGHT AND DE-BRIEFING):
3	REASON FOR "CREW UNDER CHECK" FAILURE:

SECTION C		
INSTRUCTOR RATING / AUTHORISATION RECOMMENDATION		
Complete this section for issue, revalidation or renewal of instructors certificate.		
1.	I confirm that the candidate has complied with the revalidation / renewal requirements of: MFCL.940.TRI for TRI (A)* / MFCL.940.SFI for SFI (A)* / TRI (H)* / SFI	
	Applicant has instructor rating page in licence and I have revalidated / renewed CRI / TRI rating in licence (<i>for revalidation or renewal within 3 years</i>)	
	CRI / TRI Rating or SFI Authority needs to be issued by DCA (<i>for initial issue or renewal over 3 years and for SFI renewal or revalidation</i>):	

SECTION D						
EXAMINER AUTHORISATION RECOMMENDATION						
Complete this section only if recommending the candidate for initial authorisation as examiner or for renewal /revalidation of examiners authority. <i>A Senior Examiner must be in possession of specific written authorisation from DCA to conduct test or check for an examiner authorisation.</i>						
1	Initial Issue		or Three Year Revalidation		or Additional Aircraft Type	Tick one
2	Aircraft only		or Simulator only		or Aircraft and Simulator	Tick one
3	Examiner Authority signed & valid until (<i>DCA Inspector only</i>):					
4	Asymmetric Testing In An Aeroplane In Flight (aircraft authorisation only):					

Signature of Inspector / Examiner, Name in BLOCK CAPITALS Please and e-mail address		
		DCA LICENCE NO. AND STAMP
		Date:

COMMENT & ACTION RECOMMENDED BY DCA

Issue as recommended or update data base as appropriate:

Signature	Date