
 Department of Civil Aviation Republic of Mauritius	APPLICATION FOR EXAMINER	Issue: 01 Revision: 00 Date: 01 July 2021
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APPLICATION FOR EXAMINER
Application form to be filled preferably in electronic version, otherwise use BLOCK CAPITALS and blue or black ink. Applicant must fill out boxes and sections and sign with correct information, failure to comply may result in delay or rejection of your application. FALSE REPRESENTATION STATEMENT It is an offence under the CAR 2007 as amended to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable with conviction by a fine or imprisonment or both.

1. Type of assessment requested <i>tick as appropriate</i>						
Category: <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter		Type	Certificate Type: <input type="checkbox"/> SENIOR <input type="checkbox"/> TRE <input type="checkbox"/> SFE <input type="checkbox"/> FE <input type="checkbox"/> CRE <input type="checkbox"/> IRE <input type="checkbox"/> FIE			
2. Applicant's details						
Family Name			First Name			
Date of birth			Employer			
Phone No.			E-mail			
3. Details of Applicant's licence					S- Satisfactory U- Unsatisfactory	DCA use only S U
Issuing State	Title	Licence No.	Type rating	Type rating Valid until		
Medical Certificate <i>(not applicable for SFE)</i>	Class	Issued on	Valid until			
4. Details of applicant's Instructor Certificate(s)					S	U
Instructor Certificate type	Instructor Rating Validity		Restriction(s)			
5. Details of applicant's Examiner Certificate (s) <i>(if applicable)</i>					S	U
Examiner Certificate type	Certification Validity		Restriction(s)			
6. Experience Requirements <i>(only applicable for SENIOR Examiner Applicant)</i>					S	U
i. Years of Experience as DCA examiner from the date of application						
ii. Record of check/assessment of competence conducted:						
Year <i>(last three(3) years from the date of application)</i>	Aircraft Type	Total Number	Aircraft Type	Total Number		

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6. Experience Requirements <i>(only applicable for SENIOR Examiner Applicant)</i>					S	U

7. Flying Experience <i>(not applicable for SENIOR Examiner Applicant)</i>					
Tick as appropriate <input type="checkbox"/>	Flight hours on Multi-Pilot Aircrafts	Minimum Required Hours	Applicant Hours (Show Evidence)	DCA USE ONLY	
				S	U
<input type="checkbox"/> TRE(A)	Total flight time as pilot	1500			
	Total flight time as pilot-in-command	500			
	Flight instruction on type as a TRI, SFI or FI	50			
	Total hours on the Type	-			
<input type="checkbox"/> SFE(A)	Total flight time as pilot	1500			
	Flight instruction on type as SFI	50			
<input type="checkbox"/> TRE(H)	Total flight time as pilot	1500			
	Total flight time as pilot-in-command	500			
	Flight instruction as a TRI, SFI or FI	50			
	Total hours on the Type	-			
<input type="checkbox"/> SFE(H)	Total flight time as pilot	1000			
	Flight instruction on type as SFI	50			
<input type="checkbox"/> FE(A)	Total flight time as pilot (aeroplane)	2000			
	Total flight instruction hours	250			
<input type="checkbox"/> CRE(A)	Total flight time as pilot (aeroplane)	500			
<input type="checkbox"/> IRE(A)	Total flight time as pilot (aeroplane)	2000			
	Total flight under IFR	450			
	Total flight instruction hours under IFR	250			
<input type="checkbox"/> FIE(A)	Total flight time as pilot (aeroplane)	2000			
	Total flight time instructing FI(A) applicant	100			



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8. Acknowledgement

I declare that the information provided is correct.

Comments/Remarks

Licence outstanding/revocation: ☐ NO ☐ YES (if YES)

Examiner applicant scheduled for an interview: ☐ NO ☐ YES (if YES) Date:

Action:

Date: Name: Signature: