



### Application for extension of privileges on Examiner Certificate

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 law of the State of Mauritius 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. Applicant's details

Family Name		First Name	
Date of birth		Employer	
Phone No.		E-mail	

#### 2. Examiner certificate details

<input type="checkbox"/> Extension of Privileges Certificate No. Issue Date: Validity	Category:	Examiner Type ( <i>specify type</i> ):
	<input type="checkbox"/> Aeroplane	<input type="checkbox"/> SENIOR
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> TRE <input type="checkbox"/> CRE
		<input type="checkbox"/> SFE <input type="checkbox"/> IRE
		<input type="checkbox"/> FE <input type="checkbox"/> FIE

#### 3. Flying Experience

<i>Hours on</i>	<i>Total as PIC</i>	<i>Instructional experience</i>	<i>Total</i>
Total flight hours		Hours as instructor	
Total flight hours on single pilot		Instruction on IFR	
Total flight hours in multi-pilot		Hours as instructor on type ( <i>specify</i> ) _____	
Total IFR flight hours		Hours as instructor on type ( <i>specify</i> ) _____	

#### 4. Examiner Assessment of Competence

Date		Location		Supervisor		Certificate No.	
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#### 5. Declaration of applicant

I declare that the information provided is correct.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

#### 6. DCA use only

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_