

4. Experience

The nominee is personally suitable and meets all the criteria listed below.

Qualifications:

	<i>*Tick Appropriately</i>
Has a thorough knowledge of the company operations manual and applicable aircraft flight and operating manuals;	
Has completed the company's ground and flight training programme on type for the requested authority;	
Is fully competent as Pilot-in-Command of the aeroplane type for which approval has been requested and has demonstrated this competency from both the left and right seats;	
Has completed a Designated Check Pilot Course;	

Completion Date (DD/MM/YY)	Course Location

Meets the following licence and hour requirements:

Hours (PIC)	1,000 hrs large a/c multi engine aeroplanes or equalvalent military or Civil Operations experience	
Licence	ATPL/CPL as applicable	
Experience	6 months on type as PIC + 500 hours as PIC (For PPC Authority)	
	6 months on type as PIC + 100 hours as PIC (For Line Check Authority)	

5. Attach a resume of the nominee with relevant details including;
Note: Fill applicable section only

Initial DCP Approval Minimum Requirement

- Completed SCAA nomination form (**FORM: AC-OPS021 as amended**)
- Copy of Designated Check Pilot Course Certificate (Ground and Flight as per SLCARs)
- Copies of valid License showing IR validity and type rating
- Copies of valid medical Certificate
- Candidates CV indicating aeronautical experience
- Copies of logbook indicating proficiency and recency
- Copy of last proficiency check on type (form)

**Tick appropriately*

Renewal of DCP Approval Minimum Requirement

- Copies of valid License showing IR validity and type rating
- Copy of valid medical Certificate
- Completed SLCAA nomination form (**FORM: AC-OPS021 as amended**)
- Completed check pilot activity form (**FORM: AC-OPS021-1 as amended**)
- Copies of logbook indicating proficiency and recency
- Copy of last proficiency check on type (form)

**Tick appropriately*

7. Signature Block

I certify that:

_____ has acted as Pilot-in-Command of the following aircraft types and meets the all of the previous requirements.

Types				
Hours				

The nominee's background, character and motivation are suitable to hold this position.

The nominee meets the qualification requirements outlined in the *DCP Manual Doc 0021*.

Director of Operations Signature

(Date: DD/MM/YY)

I certify that the foregoing information is true and accurate.

Nominee's Signature

(Date: DD/MM/YY)

Note: When the Director of Operations is the nominee, a company executive shall complete and sign the form.

This nomination shall be accompanied by a resume of the nominee's aviation background, qualifications and other experience which would support approval as a DCP.

8. For Official Use

Inspector Verification and Recommendation

_____ (nominee's name)

*Tick appropriately

Initial DCP Approval

Has been briefed on flight check procedures;
Has completed a monitored Authority check
Qualifications have been verified and meet the requirements as per the <i>DCP Manual</i> .

Yes	No

Renewal DCP Approval

Has been briefed on flight check procedures; (monitored check)
Has completed a monitored Authority check in the preceding 24 months
Qualifications have been verified and meet the requirements as per the <i>DCP Manual</i> .

Yes	No

Recommendation: Recommended: Yes No

Inspector's Signature

(Date:
DD/MM/YY)

Manager Flight
Operations

(Date:
DD/MM/YY)

Check Applicable Box(es)

Initial Application
Renewal

Amendment
Revoke Authority