

	<b>SIERRA LEONE CIVIL AVIATION AUTHORITY</b>  <b>NOMINATION FOR OPERATOR DESIGNATED CABIN CREW EXAMINER</b>	<b>Reference</b>	<b>FORM:O-OPS024</b>
		<b>Revision</b>	<b>01</b>
		<b>Date</b>	

1. Name of the Air Operator	
2. Name and designation of the person recommending the nomination	
3. Name of the Nominee and Certificate Number	

**Authority requested as a DCCE to:**

*(Check Yes for each authority requested)*

- Conduct:
- (a) Aircraft type competence checks.  Yes
  - (b) Recurrent/re-qualification checks.  Yes
  - (c) Safety equipment practicals (drills)  Yes
  - (d) Line Checks  Yes
  - (e) Cabin crew instructor proficiency checks  Yes

on the following aircraft types

\_\_\_\_\_

**4. Experience**

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

Qualifications:

	<i>*Tick Appropriately</i>
a) has been employed by the Air Operator as a senior cabin crew member / purser for at least six months and has accumulated relevant experience on the routes operated by the company;	
b) has previous experience as a Cabin Crew Instructor;	
c) has completed a Designated Cabin Crew Examiner Course;	

\_\_\_\_\_  
Completion Date (DD/MM/YY)

\_\_\_\_\_  
Course Location

5. Please attach a resume of the nominee with relevant details including;

**DCCE Initial Required documents:**

- |  |
|--|
| a) Completed SLCAA nomination form ( <b>FORM: AC-OPS024</b> )                      |
| b) Copies of records to prove training conducted (Ground and Flight as per SLCARs) |
| c) Copies of valid Certificate showing type rating                                 |
| d) Copies of valid medical form  |
| e) Candidates CV indicating aeronautical experience                                |

<i>Tick Appropriately</i>

**DCCE Renewal Minimum Required documents:**

- |  |
|--|
| a) Copies of valid Certificate showing type rating                       |
| b) Copies of valid medical form  |
| c) Completed SLCAA nomination form ( <b>FORM: AC-OPS024</b> )            |
| d) Completed cabin crew check activity form ( <b>FORM: AC-OPS024-1</b> ) |

<i>Tick Appropriately</i>

6. Date of Last Proficiency Check and aircraft

9. Signature Block

I certify that:

- \_\_\_\_\_ has acted as Senior cabin crew member / purser on the following aircraft types and meets the all of the previous requirements.

Types				
Experience (duration)				

- The nominee's background, character and motivation are suitable to hold this position.  
 The nominee meets the qualification requirements outlined in the *DCCE Manual*.

\_\_\_\_\_  
Post-holder Flight Ops Signature

\_\_\_\_\_  
(Date: DD/MM/YY)

I certify that the foregoing information is true and accurate.

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
(Date: DD/MM/YY)

Note: This nomination shall be accompanied by a resume (**Please type or print**) of the nominee's aviation background, qualifications and other experience which would support approval as a DCCE.

**Inspector Verification and Recommendation**

\_\_\_\_\_ (nominee's name)

a) has been briefed on line check procedures;
b) has completed at least one monitored Check; and
c) qualifications have been verified and meet the requirements as per the DCCE Manual



**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