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|  | FORM  FORM:AC-OPS021B  **June 2018** |

**NOMINATION FOR OPERATOR DESIGNATED CHECK PILOT**

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| 1. Name of the Air Operator |  |
| 1. Name and designation of the person recommending the nomination (Name of Company Executive) |  |
| 1. Name of the Nominee and Licence Number |  |
| **Authority requested as a DCP to:** *(Tick box for each authority requested)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Conduct: | (a) Proficiency check pilot -Aircraft |  | Yes |  | |  |  |  |  |  | |  | (b) Proficiency check pilot -Simulator |  | Yes |  | |  |  |  |  |  | |  | (c) Line check pilot -All seats |  | Yes |  | |  |  |  |  |  | |  | (d) Line check pilot -Observer seat only |  | Yes |  | |  |  |  |  |  | |  | (e) Check Pilot -All checks |  | Yes |  |   on the following aircraft type  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| |  | | --- | | 4. Experience |   The nominee is personally suitable and meets all the criteria listed below.  Qualifications:   |  |  |  | | --- | --- | --- | |  |  | \**Tick Appropriately* | | 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) |  | | | | |

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| 5. Attach a resume of the nominee with relevant details including;  ***Note: Fill applicable section only*** | **Initial DCP Approval Minimum Requirement**   |  |  |  | | --- | --- | --- | |  |  | \**Tick appropriately* | | Completed KCAA nomination form (**FORM: AC-OPS021 as amended**) |  |  | | Copy of Designated Check Pilot Course Certificate (Ground and Flight as per KCARs) |  |  | | 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) |  |  | |
| **Renewal of DCP Approval Minimum Requirement**   |  |  |  | | --- | --- | --- | |  |  | \**Tick appropriately* | | Copies of valid License showing IR validity and type rating |  |  | | Copy of valid medical Certificate |  |  | | Completed KCAA 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) |  |  | |

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| |  | | --- | | 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 D*CP 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. |

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| |  | | --- | | 8. For Official Use |   **Inspector Verification and Recommendation**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s name)**  \*Tick approritely  **Initial DCP Approval**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Yes |  | No | | Has been briefed on flight check procedures; |  |  |  |  | | Has completed a monitored Authority check |  |  |  |  | | Qualifications have been verified and meet the requirements as per the DCP *Manual.* |  |  |  |  |   **Renewal DCP Approval**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Yes |  | No | | 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 DCP *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 |  | Amendment | |  |  | Renewal |  | Revoke Authority | |