



## DESIGNATED REPRESENTATIVE APPLICATION & CHECKLIST

This is the formal application for persons desiring to apply for designation to accomplish functions on behalf of the CAAV and cover page for any other documents necessary to the process.

### A. DESIGNEE PERSONAL INFORMATION:

1. PEL NUMBER		2. NAME (Family (Last), Middle, Given (First))				
3. TELEPHONE (Cell/Home/Fax)		4. PERMANENT ADDRESS (Street or PO Box Number)				
5. E-MAIL ADDRESS		6. CITY	STATE/DISTRICT/PROVINCE	COUNTRY	POSTAL CODE	
7. DATE OF BIRTH	8. HEIGHT	9. WEIGHT	10. HAIR	11. EYES	12. SEX	13. NATIONALITY (CITIZENSHIP)

### B. SUBMISSION & SPONSORING COMPANY? *(A sponsoring company is only required for "organization" designees.)*

1. DATE OF SUBMISSION	2. SPONSORING COMPANY
-----------------------	-----------------------

### C. PURPOSE OF APPLICATION:

Initial Designation     Renewal of Designation

1. <input type="checkbox"/> - Pilot Examiner (DPE)	7. <input type="checkbox"/> - Operations Representative (DOR)
2. <input type="checkbox"/> - Flight Dispatcher Examiner (DFDE)	8. <input type="checkbox"/> - Airworthiness Representative (DAR)
3. <input type="checkbox"/> - Cabin Crew Competency Examiner (DCCE)	9. <input type="checkbox"/> - Engineering Representative (DER)
4. <input type="checkbox"/> - Maintenance Engineer Examiner (DMEE)	
5. <input type="checkbox"/> - Aviation Medical Examiner (DAME)	
6. <input type="checkbox"/> - Knowledge Testing Examiner (DKTE)	
10. <input type="checkbox"/> - Other Designation (explain)	

### D. DESIGNEE BUSINESS ADDRESS:

--

### E. RESUME:

*(Is a resume or curriculum vitae attached that outlines in ascending chronological order the job/positions/experience that are related to the designation sought?)*

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
-----------------------------------	----------------------------------	--

### F. RELATED FORMAL TRAINING:

*(For initial designation, a listing of related formal training related to the designation sought is attached and arranged in ascending chronological order?)*

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
-----------------------------------	----------------------------------	--

### G. CHRONOLOGICAL SUMMARY OF CAA FUNCTION PERFORMED:

*(For renewal of a designation, a listing of related formal training attached that is related to the designation sought and arranged in descending chronological order?)*

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
-----------------------------------	----------------------------------	--

**H. PERCIEVED NEED?** *(State the perceived need that the designation would alleviate.)*

**I. PROPOSED FUNCTIONS?** *(State the functions that are requested.)*

**J. VALIDATION?** *(Is this designation to be based on another CAA's designation and is a copy of that designation attached?)*

1.  - YES                      2.  - NO                      3.  - NOT APPLICABLE

4. If YES include the designation number and related CAA phone and fax numbers:

**K. APPLICANT CERTIFICATION:** *I certify that this application and all accompanying documents contain true and correct entries.*

Signature

Date

Printed Name

**L. DECISION:** *The decision of the CAAV Evaluation Panel is...*

1.  - ACCEPTABLE FOR PROCESSING      2.  - INADEQUATE QUALIFICATION      3.  - NEED NOT ESTABLISHED

Panel Member 1

Panel Member 2

Panel Member 3

**M. FUNCTIONS AUTHORIZED:** *(The CAAV evaluation panel has decided that the following functions that should be authorized.)*

**N. LIMITATIONS:** *(The CAAV evaluation panel has decided that the following limitations should be included.)*