

Sultanate of Oman

DGCAR

Nomination for Designated Examiner

Air Operator Information (Please Print or Type)

_____ : of, _____ hereby nominate
(Name of Company Executive) (Name of Air Operator)

(Name and License Number)

Authority requested as a Designated Examiner to:

(Check Yes for each authority requested)

Conduct : (a) Proficiency Checks, Type Rating and Line Checks

Yes

(b) Proficiency Checks (simulator only)

Yes

On the following aircraft types:

Experience

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

Qualifications:

- has a thorough knowledge of the company operations manual, DGCAR Civil Aviation Regulations and applicable aircraft flight and operating manuals;
- has completed the company's ground and flight training program on each type for the requested authority;
- has been employed by the Air Operator as a Pilot for at least six months, has accumulated not less than 100 hours Pilot-in-Command on type for which the authority is requested and has a minimum of 1000 hours Pilot-in-Command on large aircraft;

Sultanate of Oman
Public Authority for Civil Aviation
Directorate General of Civil Aviation Regulation



- is fully competent as Pilot-in-Command of the airplane types for which approval has been requested and has demonstrated this competency from both the left and right seats;
- has completed an Approved Training Captain / Designated Examiner Course;
- holds a valid ATPL

Particulars of Designated Examiner training course:

_____ (Proposed commencement Date) _____ (Course Location)

Pilot License _____ and _____
(number) (expiry date)

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 above.
- The nominee agrees to conduct all tests in accordance with the Sultanate of Oman Civil Aviation Regulations and the Designated Examiner and Licensing Procedures Manual.

_____ Head of training Signature _____ (Date)

I certify that the foregoing information is true and accurate.

_____ Nominee's Signature _____ (Date)

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

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 Designated Examiner.

Inspector Verification and Recommendation

_____ (Nominee's name)

- has been briefed on flight check procedures and DGCAR responsibilities;
- has completed at least one monitored Proficiency Test and/or Instrument Rating Flight Test (as applicable); and
- qualifications have been verified and meet the requirements.

Recommendation:

Recommended:

Yes No

Inspector's Signature

(Date)

DGCAM Signature

(Date)

Check Applicable Box(es)

Initial Application
Replacement

Amendment