



# FORM

**FORM: AC-OPS021**

**March 2025**

## NOMINATION FOR OPERATOR CHECK PILOT

1. Name of the Air Operator	
2. Name and designation of the person recommending the nomination (Name of Company Executive)	
3. Name of the Nominee and Licence Number	
<p><b>Authority requested as a OCP to:</b> <span style="float: right;"><i>(Tick box for each authority requested)</i></span></p> <p>Conduct: (a) Proficiency check pilot -Aircraft <input type="checkbox"/> Yes</p> <p>(b) Proficiency check pilot -Simulator <input type="checkbox"/> Yes</p> <p>(c) Line check pilot -All seats <input type="checkbox"/> Yes</p> <p>(d) Line check pilot -Observer seat only <input type="checkbox"/> Yes</p> <p>(e) Check Pilot -All checks <input type="checkbox"/> Yes</p> <p>on the following aircraft type</p>   <hr/>	

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 Check Pilot Course;	
_____	
Completion Date (DD/MM/YY)	Course Location

Meets the following licence and hour requirements:

Hours (PIC)	<ul style="list-style-type: none"> <li>➤ 1,000 hrs large a/c multi engine aeroplanes or;</li> <li>➤ 100 hours as PIC on type for all single-engine and noncomplex aircraft aeroplanes or;</li> <li>➤ For line check pilot the candidate must have logged at least 100 hours as PIC in each type and at least 500 as PIC on type for complex multi engine aircraft.</li> </ul>	
Licence	ATPL/CPL as applicable	
Experience	<p>6 months on type as PIC + 500 hours as PIC (For PPC Authority)</p> <p>6 months on type as PIC + 100 hours as PIC (For Line Check Authority)</p>	

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

**Initial OCP Approval Minimum Requirement**

- Completed UCAA nomination form (**FORM: AC-OPS021**)
- Copy of Check Pilot Course Certificate (Ground and Flight as per UCARs)
- 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 OCP Approval Minimum Requirement**

- Copies of valid License showing IR validity and type rating
- Copy of valid medical Certificate
- Completed UCAA nomination form (**FORM: AC-OPS021**)
- Completed check pilot activity form (**FORM: AC-OPS021-1**)
- 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 CAA-AC-OPS021.

\_\_\_\_\_  
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 CP.

8. For Official Use

**Inspector Verification and Recommendation**

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

\*Tick appropriately

**Initial OCP 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 CP AC		

**Renewal OCP Approval**

	Yes	No
Has been briefed on flight check procedures; (monitored check)		
Has completed a monitored Authority check in the preceding 12 months		
Qualifications have been verified and meet the requirements as per the CP AC		

**Recommendation:**

Recommended:

Yes  No

\_\_\_\_\_  
Inspector's Signature

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

\_\_\_\_\_  
Manager Flight  
Safety Standards

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

Check Applicable Box(es)

  

Initial Application  
Renewal

  

Amendment  
Revoke Authority