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|  | FORMFORM: AC-OPS021November 2022 |

**NOMINATION FOR OPERATOR CHECK PILOT**

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| 1. Name of the Air Operator
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| 1. Name and designation of the person recommending the nomination (Name of Company Executive)
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| 1. Name of the Nominee and Licence Number
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| **Authority requested as a OCP to:** *(Tick box for each authority requested)*

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| 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:

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|  |  | \**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 Check Pilot Course;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date (DD/MM/YY) Course Location |  |  |
| Meets the following licence and hour requirements:  |  |  |
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| 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 OCP Approval Minimum Requirement**

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|  |  | \**Tick appropriately* |
| 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) |  |  |

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| **Renewal of OCP Approval Minimum Requirement**

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|  |  | \**Tick appropriately* |
| 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) |  |  |

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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.

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| 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. |

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| 8. For Official Use |

**Inspector Verification and Recommendation****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s name)**\*Tick approritely**Initial OCP Approval**

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|  |  | 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* |  |  |  |  |

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| **Recommendation:** | Recommended: |  | Yes |  | No |

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|  Inspector's Signature |  |  (Date: DD/MM/YY) |  | Manager Flight Safety Standards  |  |  (Date: DD/MM/YY) |

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| Check Applicable Box(es) |  | Initial Application |  | Amendment |
|  |  | Renewal |  | Revoke Authority |

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