

## APPLICATION FOR THE INITIAL ISSUE/REVALIDATION/RENEWAL OF SENIOR EXAMINER (SE) CERTIFICATE

**Notes:** Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink.

### 1. APPLICATION DETAILS

(To be completed by the Applicant)

- I wish to apply for:
- Initial issue** (fill sections 1,2,3,4,7)
  - Revalidation** (fill sections 1,2,3,4,5,6,7)
  - Renewal** (fill sections 1,2,3,4,6,7)

of Senior Examiner Certificate on the Aircraft/Simulator types: .....

### 2. APPLICANT DETAILS

(To be completed by the Applicant)

DGCA Personal reference/Licence No. (If known): .....

Employer (If applicable): .....

Title:.....Name of the Applicant:.....

Date of Birth (dd/mm/yyyy): ..... Nationality .....

Place of Birth: ..... Country of Birth:.....

Permanent / Postal Address:.....

..... Country: ..... Postcode:.....

Email: ..... Contact Telephone Number:.....

(A certified copy of your valid Passport or Civil ID Card must accompany your application as proof of identification)

### 3. CURRENT EXAMINER CERTIFICATES

(To be completed by the Applicant)

Current Examiner Certificates Held:  Aeroplane  Helicopter

Current Privilege:  Simulator  Aircraft

Aircraft Type: ..... Expiry Date: .....

Aircraft Type: ..... Expiry Date: .....

Aircraft Type: ..... Expiry Date: .....

4. LOCATION AND TIMING DETAILS OF ASSESSMENT <span style="float: right;">(To be completed by the Applicant)</span>	
Nominated Examiner Name:	Examiner DGCA Authority No.:
Preferred Date for Assessment:	A/C Type / Simulator Type and Simulator Code (as applicable):
Timings:	Location:

5. SENIOR EXAMINER REGENCY <span style="float: right;">(To be completed by the Applicant)</span>	
Aircraft Type 1:	Aircraft Type 2:
No. of Events in Year 1:	No. of Events in Year 1:
No. of Events in Year 2:	No. of Events in Year 2:
No. of Events in Year 3:	No. of Events in Year 3:

6. CONFIRMATION OF COMPLIANCE <span style="float: right;">(To be completed by the Applicant)</span>	
<ul style="list-style-type: none"> <li>I confirm, I completed an Assessment of Competence observed by DGCA FOI on: Date: .....(dd/mm/yyyy) Aircraft/Simulator Type: .....</li> <li>I have attended a Senior Examiner refresher seminar: Date of Seminar: ..... Seminar Provider: .....</li> <li>I hold valid examiner and instructor privileges for all the above mentioned aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>I have completed the required minimum of two Assessments of Competence as a Senior Examiner in each year of validity: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	

7. DECLARATION OF APPLICANT <span style="float: right;">(To be completed by the Applicant)</span>	
<ul style="list-style-type: none"> <li>I certify that I hold a valid Class or Type Rating Instructor Certificate and an Examiner Certificate for the Class or Type and have held an Examiner Certificate for at least three years for the above mentioned aircraft.</li> <li>I confirm my compliance with FCL.1010 and the applicable AMCs.</li> <li>I declare that the information provided on this form is true to the best of my knowledge and belief.</li> <li>I have fully reviewed all guidance and have submitted all of the necessary paperwork for my application to be considered:</li> </ul>	
Signature of Applicant: _____ Date: _____	

### 8. DELIVERY INSTRUCTIONS

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:  
**Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.**

**Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: [safety@dgca.gov.kw](mailto:safety@dgca.gov.kw)**

**Note 1: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees**

**Note 2: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.**

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<b>Name of Bank</b>	CENTRAL BANK OF KUWAIT
<b>Branch</b>	KUWAIT
<b>Account Name</b>	DIRECTORATE GENERAL OF CIVIL AVIATION
<b>Account Number</b>	11023041
<b>IBAN Number</b>	KW 17 CB KU 0000000000000011023041
<b>Bank Code/ Sort Code/ Swift Code</b>	CBKUKWKW
<b>Currency of Payment</b>	KWD

### FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Enclosures Checked by, Name: \_\_\_\_\_ Office: \_\_\_\_\_

Application  Accepted  Rejected  Pending  Approved

Remarks:

**Name and Signature of  
DGCA/ASD Inspector:**

**Date:**

**Name and Signature of  
Head of Personnel Licensing:**

**Date:**

### DOCUMENTS REQUIRED:

### ATTACHED

		YES	NO	N/A
1	Covering Letter from the company			
2	Application Form No. 1366 duly filled & Signed			
3	Copy of current licence.			
4	Copy of passport or civil ID.			
5	Senior Examiner Standardization Course Certificate (for initial issue only)			
6	Evidence of attending Senior Examiner refresher seminar (for revalidation and renewal)			
7	Assessment of competence duly completed and certified by DGCA			
8	Prescribed Fee (refer to KCASR Part 27 Charges and Fees)			