



DESIGNATED REPRESENTATIVE APPLICATION CHECKLIST

A. DESIGNEE PERSONAL INFORMATION:

1. NAME (Last, First, Middle)		2. COMPLETE PERMANENT ADDRESS			
3. PEL NUMBER - TYPE	4. TELEPHONE AND FAX	5. NATIONALITY		6. SEX	
7. DATE OF BIRTH	8. HEIGHT	9. WEIGHT	10. HAIR	11. EYES	

B. This application is for the following designation: (Check the applicable box)

<input type="checkbox"/> Original	<input type="checkbox"/> Renewal
1. <input type="checkbox"/> Designated Check Airman	2. <input type="checkbox"/> Designated Aviation Medical
3. <input type="checkbox"/> Designated Maintenance Examiner	4. <input type="checkbox"/> Other Designation

C. SPONSORING COMPANY:

1. Date of Submission: (dd/mm/yyyy)	2. Sponsoring Company Name:
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D. State the BUSINESS ADDRESS where the designee will be located:

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

1. <input type="checkbox"/> YES	2. <input type="checkbox"/> NO	3. <input type="checkbox"/> NOT APPLICABLE
4. If "NO" or "NOT APPLICABLE" state the reason in this block: 		

F. Is a listing of related formal training attached that is related to the designation sought and arranged in ascending chronological order?

1. <input type="checkbox"/> YES	2. <input type="checkbox"/> NO	3. <input type="checkbox"/> NOT APPLICABLE
5. If "NO" or "NOT APPLICABLE" state the reason in this block: 		

G. State the PERCEIVED NEED that the designation would alleviate:

H. State the FUNCTIONS that are requested:

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I. State the LIMITATIONS that should be designated:

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

1. <input type="checkbox"/> YES	2. <input type="checkbox"/> NO	3. <input type="checkbox"/> NOT APPLICABLE
6. If "YES" include the Designation Number and related CAA phone and fax numbers:		

K. I certify that this application and all accompanying document is true and correct:

SIGNATURE	DATE	PRINTED NAME & LICENSE NUMBER

L. Decision of the CAAP Evaluation Panel:

1. <input type="checkbox"/> ACCEPTABLE FOR PROCESSING	2. <input type="checkbox"/> INADEQUATE QUALIFICATION	3. <input type="checkbox"/> NEED NOT ESTABLISHED
Panel Member 1 (Name/Position)		
Panel Member 2 (Name/Position)		
Panel Member 3 (Name/Position)		