



**DESIGNEE REPRESENTATIVE APPLICATION FORM**

This is the formal application for persons desiring to apply for designation to accomplish functions on behalf of the CAAP and cover page for any other documents necessary to the process.

**A. DESIGNEE PERSONAL INFORMATION**

1. Name (Last, First, Middle)				2. Permanent Address (Apt No., Number, Street)			
3. Tel. and Fax No.(s)		4. City		5. State		6. Mail code	7. Country
8. Date of birth	9. Height	10. Weight	11. Hair	12. Eyes		13. Sex	14. Nationality (Citizenship)

**B. SPONSORING COMPANY**

1. Date of Submission:	2. Sponsoring Company Name:
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**C. THIS APPLICATION IS FOR THE FOLLOWING DESIGNATION:**

1. <input type="checkbox"/> Designated Pilot Examiner	9. <input type="checkbox"/> Designated Maintenance Examiner
2. <input type="checkbox"/> Designated Check Airmen	10. <input type="checkbox"/> Designated Airworthiness Representative
3. <input type="checkbox"/> Designated Flight Engineer Examiner	11. <input type="checkbox"/> Designated Maintenance Representative
4. <input type="checkbox"/> Designated Flight Dispatcher Examiner	12. <input type="checkbox"/> Designated engineering Representative
5. <input type="checkbox"/> Designated Operations Representative	13. <input type="checkbox"/> Designated Air Traffic Examiner
6. <input type="checkbox"/> Designated Aviation Medical Representative	14. <input type="checkbox"/> Designated Air Traffic Representative
7. <input type="checkbox"/> Designated Pilot Assessor	15. <input type="checkbox"/> Designated Parachute Rigger Examiner
8. <input type="checkbox"/> Designated Language Proficiency Examiner	16. <input type="checkbox"/> Other Designation _____

**D. STATE THE BUSINESS ADDRESS WHERE THE DESIGNEE WILL BE LOCATED:**

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**E. IS THE RESUME (CURRICULUM VITAE) ATTACHED THAT OUTLINES IN ASCENDING CHRONOLOGICAL ORDER THE JOB/POSITIONS/EXPERIENCE THAT ARE RELATED TO THE DELEGATION 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 for this block:		

**F. LISTING OF RELATED FORMAL TRAINING ATTACHED IS RELATED TO THE DESIGNATION SOUGHT AND ARRANGED IN ASCENDING CHRONOLOGICAL ORDERS?**

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:		

**G. STATE THE PERCEIVED NEED THATHE DELEGATION WOULD ALLEVIATE:**

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**H. STATE THE FUNCTIONS THAT ARE REQUESTED:**

Blank space for stating requested functions.

**I. STATE THE LIMITATIONS THAT SHOULD BE DESIGNATED:**

Blank space for stating designated limitations.

**J. IS THE DESIGNATION BASED ON ANOTHER CAAP'S DESIGNATION AND IS A COPY OF THAT DESIGNATION ATTACHED?**

1.  - YES                      2.  -NO                      3.  -NOT APPLICABLE

4. If NO or NOT APPLICABLE – State the reason in this block:

Blank space for providing reasons.

**K. I CERTIFY THAT THIS APPLICATION AND ALL ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT:**

Printed Name	Signature	Date

**L. PUBLIC NOTARY**

**AFFIDAVIT**

REPUBLIC OF THE PHILIPPINES

\_\_\_\_\_ ) ss.  
\_\_\_\_\_ )

I hereby certify that all the statements/data are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN to be before me this \_\_\_\_ day of \_\_\_\_\_ affiant exhibited his Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_

Notary Public  
Until December 31, 20 \_\_\_\_



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**M. DECISION OF THE CAAP EVALUATION PANEL:**

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE	
<b>Panel Member 1</b>	Name:	Position:	Signature:
<b>Panel Member 2</b>	Name:	Position:	Signature:
<b>Panel Member 3</b>	Name:	Position:	Signature:

**N. SKILL TEST EXAMINER HEAD APPROVAL**

Name:	Position:	Signature:
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