



DESIGNATED REPRESENTATIVE APPLICATION & CHECKLIST

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

A. DESIGNEE PERSONAL INFORMATION:

1. PEL NUMBER		2. NAME (Family (Last), Middle, Given (First))				
3. TELEPHONE (Cell/Home/Fax)		4. PERMANENT ADDRESS (Street or PO Box Number)				
5. E-MAIL ADDRESS		6. CITY	STATE/DISTRICT/PROVINCE	COUNTRY	POSTAL CODE	
7. DATE OF BIRTH	8. HEIGHT	9. WEIGHT	10. HAIR	11. EYES	12. SEX	13. NATIONALITY (CITIZENSHIP)

B. SUBMISSION & SPONSORING COMPANY? *(A sponsoring company is only required for "organization" designees.)*

1. DATE OF SUBMISSION	2. SPONSORING COMPANY
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C. PURPOSE OF APPLICATION:

Initial Designation**Renewal of Designation**

1. <input type="checkbox"/> - Pilot Examiner (DPE)	7. <input type="checkbox"/> - Operations Representative (DOR)
2. <input type="checkbox"/> - Flight Dispatcher Examiner (DFDE)	8. <input type="checkbox"/> - Airworthiness Representative (DAR)
3. <input type="checkbox"/> - Cabin Crew Competency Examiner (DCCE)	9. <input type="checkbox"/> - Engineering Representative (DER)
4. <input type="checkbox"/> - Maintenance Engineer Examiner (DMEE)	
5. <input type="checkbox"/> - Aviation Medical Examiner (DAME)	
6. <input type="checkbox"/> - Knowledge Testing Examiner (DKTE)	
10. <input type="checkbox"/> - Other Designation (explain)	

D. DESIGNEE BUSINESS ADDRESS:

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E. RESUME:

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

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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F. RELATED FORMAL TRAINING:

(For initial designation, a listing of related formal training related to the designation sought is attached and arranged in ascending chronological order?)

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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G. CHRONOLOGICAL SUMMARY OF CAA FUNCTION PERFORMED:

(For renewal of a designation, a listing of related formal training attached that is related to the designation sought and arranged in descending chronological order?)

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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H. PERCIEVED NEED? (State the perceived need that the designation would alleviate.)

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I. PROPOSED FUNCTIONS? (State the functions that are requested.)

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J. VALIDATION? (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
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4. If YES include the designation number and related CAA phone and fax numbers:

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K. APPLICANT CERTIFICATION: I certify that this application and all accompanying documents contain true and correct entries.)

Signature	Date	Printed Name

L. DECISION: The decision of the CAAV Evaluation Panel is...

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

M. FUNCTIONS AUTHORIZED: (The CAAV evaluation panel has decided that the following functions that should be authorized.)

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N. LIMITATIONS: (The CAAV evaluation panel has decided that the following limitations should be included.)

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(This instruction page shall be removed before applying)

Completion Instructions for CAAV Form 578

Block	Instruction to enter information	Block	Instruction to enter information
A1	Enter PEL number	E	Check appropriate box
A2	Enter full name (Family (Last), Middle, Given (First)).	F	Check appropriate box
A3	Enter permanent street address.	G	Check appropriate box
A4	Enter phone number and fax number.	H	State the perceived need that the designation would alleviate.
A5	Enter email address.	I	State the functions that are requested
A6	Enter city, state/ province, mail code, and country of permanent address.	J	Check YES if this designation is to be based on another CAA's designation and is a copy of that designation attached
A7	Enter date of birth.	K	The applicant signs to confirm that this application and all accompanying documents contain true and correct entries and enter date (DD/MM/YYYY) and printed name of the applicant.
A8	Enter height.	L	Check appropriate box to show the decision of the CAAV Evaluation Panel. The panel include: Member 1 is the team leader (FSSD Director or Deputy director in charge). Member 2 and 3 is an adviser and CPC (coordination panel controller)
A9	Enter weight.	M	Enter functions authorized to the applicant as decision of the evaluation panel
A10	Enter hair color.	N	Enter limitations to the authorization of the applicant as decision of the evaluation panel
A11	Enter eye color.		
A12	Enter sex as M for male or F for female.		
A13	Enter nationality (country of citizenship).		
B1	Enter date of submission (DD/MM/YYYY)		
B2	Enter sponsoring company		
C	Check appropriate box		
D	Enter business address (working location/ company)		