

**Valid until**

Year	Month	Day
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**Examiner Authorization Acceptance Test**

<input type="checkbox"/> Authorization acceptance	<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	Date of test:
<input type="checkbox"/> FE	<input type="checkbox"/> TRE	<input type="checkbox"/> CRE	<input type="checkbox"/> IRE
<input type="checkbox"/> SFE	<input type="checkbox"/> FIE	<input type="checkbox"/> A	<input type="checkbox"/> H
<input type="checkbox"/> Aircraft / <input type="checkbox"/> Simulator		Type: _____	Registration: _____
Type of test/ check observed: _____			
Name of Flight Crew Member(s): _____		Licence no: _____	
_____		Licence no: _____	

**TO BE  
COMPLETED  
BY APPLICANT**

Licence type and number	Authorisation no (reauth/revalidation)	State of issue
Last name	First, middle name	
Address		Postal code and city
Country		Telephone daytime
Place, date and signature of the applicant		

**TO BE  
COMPLETED  
BY SENIOR  
EXAMINER**

EVALUATION OF EXAMINER:	Accepted	Not Accepted
Appearance/behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Conduct of briefing	<input type="checkbox"/>	<input type="checkbox"/>
Conduct of oral examination	<input type="checkbox"/>	<input type="checkbox"/>
Content of test/check items in compliance with JAR	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of test/check scenario	<input type="checkbox"/>	<input type="checkbox"/>
Conduct of practical part	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of the performance of the flight crew on test/check	<input type="checkbox"/>	<input type="checkbox"/>
Conduct of de-briefing	<input type="checkbox"/>	<input type="checkbox"/>
Completion of examination documents	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of certification in licence	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of instructions/regulations/requirements	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of applicable flight test schedules	<input type="checkbox"/>	<input type="checkbox"/>

On the basis of my observation of above test/check I recommend that the examiner/applicant can be:	
<input type="checkbox"/> Authorized <input type="checkbox"/> Re-authorized <input type="checkbox"/> Not authorized	
Name of Senior Examiner:	Authorization no:
Date:	Senior Examiner, Signature:
Applicant, Signature:	

Send to: Transportstyrelsen, Luftfartsavdelningen, Certifikat och examination, 601 73 Norrköping, Sweden  
 Internet: [www.transportstyrelsen.se](http://www.transportstyrelsen.se)

<b>A. Pre-examination</b>		<b>Evaluated</b>	<b>Remarks</b>
1	General	<input type="checkbox"/>	
2	Briefing to flight crew	<input type="checkbox"/>	
3	Briefing to safety pilot / flight engineer	<input type="checkbox"/>	

<b>B. Work attitude</b>		<b>Evaluated</b>	<b>Remarks</b>
1	Compliance with rules and regulations	<input type="checkbox"/>	
2	Knowledge and application of JAR procedures JAR-OPS	<input type="checkbox"/>	
3	Handling of flight crew and/or safety pilot/ flight engineer (stress and applied roles)	<input type="checkbox"/>	
4	Questioning of flight crew (sticking to facts and figures)	<input type="checkbox"/>	
5	Attitude towards senior examiner	<input type="checkbox"/>	
6	Use of equipment	<input type="checkbox"/>	

<b>C. Management</b>		<b>Evaluated</b>	<b>Remarks</b>
1	Following of (pre-approved) examination program	<input type="checkbox"/>	
2	Giving examination instructions/directions	<input type="checkbox"/>	
3	Managing unexpected or difficult situations	<input type="checkbox"/>	
4	Handling unsatisfactory performance	<input type="checkbox"/>	
5	Simulating roles as cabin staff, ATC, etc	<input type="checkbox"/>	
6	Of equipment to be used	<input type="checkbox"/>	
7	Of time to be allowed to the flight crew	<input type="checkbox"/>	

<b>D. Judgment / Decision</b>		<b>Evaluated</b>	<b>Remarks</b>
1	Flight crew performance	<input type="checkbox"/>	
2	Allowing repetition of mandatory items	<input type="checkbox"/>	
3	Handling of exceptional circumstances	<input type="checkbox"/>	
4	Procedures applied	<input type="checkbox"/>	

<b>E. Post examination</b>		<b>Evaluated</b>	<b>Remarks</b>
1	Place of de-briefing	<input type="checkbox"/>	
2	De-briefing of flight crew	<input type="checkbox"/>	
3	De-briefing of safety pilot / flight engineer	<input type="checkbox"/>	
4	Administration	<input type="checkbox"/>	