

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS	Revision: 1 Form
Document No. TCAA- FORM-AC-OPS040A	Title: NOMINATION FOR OPERATOR DESIGNATED CHECK PILOT	Page 1 of 9

1. Name of the Air Operator	
2. Name and designation of the person recommending the nomination (Name of Accountable Manager)	
3. Name of the Nominee and Licence Number	

Authorization requested as a DCP to *(Tick box for each authority requested)*

- Conduct:
- (a) Proficiency check pilot -Aircraft Yes
 - (b) Proficiency check pilot -Simulator Yes
 - (c) Line check pilot -All seats Yes
 - (d) Line check pilot -Observer seat only Yes
 - (e) Check Pilot -All checks Yes

on the following aircraft type _____

	<p>TANZANIA CIVIL AVIATION AUTHORITY</p> <p>DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS</p>	<p>Revision: 1</p> <p>Form</p>
<p>Document No. TCAA- FORM-AC-OPS040A</p>	<p>Title: NOMINATION FOR OPERATOR DESIGNATED CHECK PILOT</p>	<p>Page 2 of 9</p>

4. Experience

The nominee is suitable and meets all the criteria listed below.
Qualifications:

	<p><i>*Tick Appropriately</i></p>
Has a thorough knowledge of the company operations manual and applicable aircraft flight and operating manuals;	<input type="checkbox"/>
Has completed the company's ground and flight training programme on type for the requested authorization.	<input type="checkbox"/>
Is fully competent as Pilot-in-Command of the aeroplane type for which authorization is requested and has demonstrated this competency from both the left and right seats;	<input type="checkbox"/>
Has completed a Designated Check Pilot Course;	<input type="checkbox"/>
<p>_____</p> <p>Completion Date (DD/MM/YY) Course Location</p>	

Meets the following licence and hour requirements:

Hours (PIC)	1,000 hrs large a/c multi engine aeroplanes or equivalent military or Civil Operations experience	<input type="checkbox"/>
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**TANZANIA CIVIL AVIATION
AUTHORITY**

DIRECTORATE OF SAFETY
REGULATIONS FLIGHT
OPERATIONS

Revision: 1

Form

Document No. **TCAA-
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Title: **NOMINATION FOR OPERATOR
DESIGNATED CHECK PILOT**

Page 4 of 9

Licence	ATPL/CPL as applicable	<input type="checkbox"/>
Experience	6 months on type as PIC + 500 hours as PIC (For PPC Authority) 6 months on type as PIC + 100 hours as PIC (For Line Check Authority)	<input type="checkbox"/>

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Document No. TCAA- FORM-AC-OPS040A	Title: NOMINATION FOR OPERATOR DESIGNATED CHECK PILOT	Page 5 of 9

5. Attach a resume of the nominee with relevant details including; <i>Note: Fill applicable section only</i>	<p style="text-align: center;">Initial DCP Approval Minimum Requirement</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Completed TCAA nomination form</td> <td style="width: 20%;"></td> </tr> <tr> <td>Copy of Designated Check Pilot Course Certificate (Ground and Flight as per TCARs)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of valid Licence showing IR validity and type rating</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of valid medical Certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Candidates CV indicating aeronautical experience</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of logbook indicating proficiency and recency</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copy of last proficiency check on type (form)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Completed TCAA nomination form		Copy of Designated Check Pilot Course Certificate (Ground and Flight as per TCARs)	<input type="checkbox"/>	Copies of valid Licence showing IR validity and type rating	<input type="checkbox"/>	Copies of valid medical Certificate	<input type="checkbox"/>	Candidates CV indicating aeronautical experience	<input type="checkbox"/>	Copies of logbook indicating proficiency and recency	<input type="checkbox"/>	Copy of last proficiency check on type (form)	<input type="checkbox"/>
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<p style="text-align: center;">Renewal of DCP Approval Minimum Requirement</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Copies of valid License showing IR validity and type rating</td> <td style="width: 20%;"></td> </tr> <tr> <td>Copy of valid medical Certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Completed nomination form</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Completed check pilot activity form</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of logbook indicating proficiency and recency</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copy of last proficiency check on type (form)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Copies of valid License showing IR validity and type rating		Copy of valid medical Certificate	<input type="checkbox"/>	Completed nomination form	<input type="checkbox"/>	Completed check pilot activity form	<input type="checkbox"/>	Copies of logbook indicating proficiency and recency	<input type="checkbox"/>	Copy of last proficiency check on type (form)	<input type="checkbox"/>			
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Copy of last proficiency check on type (form)	<input type="checkbox"/>														

7. Signature Block

I certify that:

_____ has acted as Pilot in Command of the following aircraft types and meets the all of the previous requirements.

Types				
Hours				

The nominee's background, character and motivation are suitable to hold this position.

The nominee meets the qualification requirements outlined in the *DCP Manual*

Director of Operations Signature

(Date: DD/MM/YY)

I certify that the foregoing information is true and accurate.

Nominee's Signature

(Date: DD/MM/YY)

Note: When the Director of Operations is the nominee, an Accountable Manager shall complete and sign the form.

This nomination shall be accompanied by a resume of the nominee's aviation background, qualifications and other experience which would support approval as a DCP.

	<p style="text-align: center;">TANZANIA CIVIL AVIATION AUTHORITY</p> <p style="text-align: center;">DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS</p>	<p style="text-align: right;">Revision: 1</p> <p style="text-align: center;">Form</p>
<p>Document No. TCAA- FORM-AC-OPS040A</p>	<p>Title: NOMINATION FOR OPERATOR DESIGNATED CHECK PILOT</p>	<p style="text-align: right;">Page 7 of 9</p>

8. For Official Use

Inspector Verification and Recommendation

_____ (nominee's name)

*Tick appropriately

Initial DCP Approval

	Yes	No
Has been briefed on flight check procedures;	<input type="checkbox"/>	<input type="checkbox"/>
Has completed a monitored Authority check	<input type="checkbox"/>	<input type="checkbox"/>
Qualifications have been verified and meet the requirements as per the <i>DCP Manual</i> .	<input type="checkbox"/>	<input type="checkbox"/>

Renewal DCP Approval

	Yes	No
Has been briefed on flight check procedures; (monitored check)	<input type="checkbox"/>	<input type="checkbox"/>
Has completed a monitored Authority check in the preceding 24 months	<input type="checkbox"/>	<input type="checkbox"/>
Qualifications have been verified and meet the requirements as per the <i>DCP Manual</i> .	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation: Recommended:

YesNo

 Inspector's Signature

 (Date:
DD/MM/YY)

 Manager Flight
Operations

 (Date:
DD/MM/YY)

	<p align="center">TANZANIA CIVIL AVIATION AUTHORITY</p> <p align="center">DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS</p>	<p align="center">Revision: 1</p> <p align="center">Form</p>
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Check Applicable Box(es)

<input type="checkbox"/>	Initial Application	<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Revoke Authority