

## PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA CIVIL AVIATION AUTHORITY OF MALAYSIA

DESIGNATED FLIGHT EXAMINER (DFE) & RT EXAMINER RECORD OF TESTS/CHECKS FORM									
	SDFE		E MONITORING CHE	СК					
DFE (1) DFE (2) DFE (3) RT EXAMINNER  NOTE: for SDFE, tick on the SDFE box and appropriate DFE category box									
<ol> <li>IMPORTANT NOTICES</li> <li>All fields in the form must be completed unless otherwise indicated. Incomplete forms will not be accepted.</li> <li>Specify 'NIL' even if no tests/checks were conducted.</li> <li>Attach additional copies where necessary.</li> <li>For SDFE's, DFE Monitoring Checks conducted must be recorded on separate forms. Indicate by ticking the appropriate check boxes at the top of this form. Do NOT record these on the same form as test/checks conducted.</li> <li>The completed form is to be submitted to the CAAM during the DFE renewal process, or whenever requested by the CAAM.</li> <li>This form does not supersede the requirement for examiners to maintain records of all tests/checks conducted for a period of five (05) years.</li> <li>All dates are written in dd/mm/yy.</li> </ol>									
SECTION 1: APPLICANT PARTICULARS									
NAM									
	ANISATION:								
LICENCE TYPE & NO:			DFE / RT EXAMINER NO:						
DFE / SDFE / RT EXAMINER EXPIRY:									
PERIOD OF TESTS/CHECKS CONDUCTED			FROM:						
			TO:						
SEC	ΓΙΟΝ 2: TEST/	CHECK DETAILS							
No.	Date of Test/ Check/ Monitoring	Full Name of Candidate (s)	Candidate. Lic No.	A/C Type and/or SIM reg	Type of Test/ Check & Results				

(CAAM/BOP/DFE/3)

No.	Date of Test/ Check/ Monitoring	Full Name of Candidate	Candidate. Lic No.	A/C Type and/or SIM reg	Type of Test/ Check & Results

## **SECTION 3: APPLICANT DECLARATION**

I hereby declare to the best of my knowledge and belief that the information supplied in this form are complete
and accurate. I understand that any false representation made by me for the purpose of obtaining the DFE/SDFE
Rating is an offence under the MCAR 2016, and I may be subject to the penalties there under and the
authorisation granted pursuant to the application will be revoked

Signature of Applicant:	Date:
Signature of Applicant	Date