
	CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING	CAAM/BOP/DFE/2
	AUTHORISATION/CHECK FORM INITIAL / RENEWAL / MONITORING	DESIGNATED FLIGHT EXAMINER

Licence No: PPL / CPL / ATPL:

A: APPLICANTS DETAILS – to be completed by the applicant			
Name		Application:	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Monitoring
Resident Address:		DFE Category:	<input type="checkbox"/> DFE (1) <input type="checkbox"/> DFE (2) <input type="checkbox"/> DFE (3) <input type="checkbox"/> SDFE
Organisation:		Phone No:	
Aircraft Type/ Variant:		Date: (dd/mm/yy)	
Applicant's Signature:			

B: FLIGHT TEST/CHECK DETAILS – to be completed by the FOI / SDFE			
Test Conducted	<input type="checkbox"/>	Skill Test	
	<input type="checkbox"/>	PPC	
	<input type="checkbox"/>	IRT	
	<input type="checkbox"/>	Others:	
Candidate Name 1/ Captain:		Licence No:	
Candidate Name 2/ Co-Pilot:		Licence No:	
Candidate Name 3/ DFE/FI (if applicable):		Licence No:	
Date of Test: (dd/mm/yy)		FSTD ID / ACFT Reg:	
Type of Aircraft:		Organisation Name:	
Locations (Dep/Dest/FSTD location):		Block Off / Sim Start Time:	UTC
		Block On / Sim End Time:	UTC
Air Exercise(s):	1.		
	2.		
	3.		
	4.		
	5.		

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The FOI/SDFE shall tick on the appropriate Pass/Fail column and fill up any remark/observation/reasons for failure at the end of each section once flight test is completed.

SECTION 1: THEORETICAL KNOWLEDGE, if applicable		Pass	Fail
1.1	Air law		
1.2	Aircraft General Knowledge		
1.3	Flight Performance & Planning		
1.4	Human Performance & Limitations		
1.5	Operational Procedures		
1.6	Principles of Flight		
1.7	Meteorology		
1.8	Navigation		
Remarks/Observation/ Reasons for Failure:			

SECTION 2: CAA, MCAR & CAD KNOWLEDGE (ENSURE ALL DOCUMENTS ARE OF THE LATEST REVISION)		Pass	Fail
2.1	CAA 1969		
2.2	MCAR 2016		
2.3	Civil Aviation Directives		
2.4	Civil Aviation Guidance Material		
2.5	IGM 1006 – DFE Handbook		
Remarks/Observation/ Reasons for Failure:			


SECTION 3: PRE FLIGHT BRIEFING		Pass	Fail
3.1	Meet & greet		
3.2	Documentation check including licence		
3.3	Establish conduct of the test		
3.4	Content adequacy & speech		
3.5	Aircraft/FSTD emergency exit brief & procedures		
Remarks/Observation/ Reasons for Failure:			

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Licence No:

SECTION 4: CONDUCT OF FLIGHT TEST		Pass	Fail
4.1	Operating Instructor Operating Station (IOS) & other training device(s), if applicable		
4.2	Aircraft pre-flight check, if applicable		
4.3	Standard Operating Procedures (SOP)		
4.4	Operations Manual & Training Manual, if applicable		
4.5	Aircraft handling, if applicable		
4.6	Airwork in accordance to the briefing		
4.7	Simulating abnormal & emergency procedures		
4.8	Crew resource management (CRM)		
4.9	General airmanship/safety, if applicable		
Remarks/Observation/ Reasons for Failure:			

SECTION 5: POST FLIGHT BRIEFING		Pass	Fail
5.1	Content adequacy		
5.2	Technical Accuracy		
5.3	Clarity of explanation & speech		
5.4	Airwork relative to the flight test		
5.5	Abnormal & emergency procedures		
5.6	Critique of strength & weaknesses		
5.7	Coverage on TEM analysis & tolerances		
Remarks/Observation/ Reasons for Failure:			

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SECTION 6: DOCUMENTATION		Pass	Fail
6.1	Content general		
6.2	Filling up the test/check form		
6.3	Adherence to the regulations		
6.4	Adherence to the company policy & requirements		
6.5	Delivery of pass, partial pass or fail of the flight test/check		
6.6	Signing the licence, if applicable		
Remarks/Observation/ Reasons for Failure:			

C: REMARKS – to be completed by the FOI / SDFE			
Ground Time:		Flight Time:	
		Result:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
I certify that _____ is competent / not competent (strike as necessary) to be designated as a CAAM Designated Flight Examiner (DFE) for a period of ____ years, effective from _____ to _____ with the following designation. <input type="checkbox"/> DFE (1) <input type="checkbox"/> DFE (2) <input type="checkbox"/> DFE (3) <input type="checkbox"/> SDFE			
Name of FOI / SDFE:			
Signature & Stamp:			Date: (dd/mm/yy)

FOR CAAM USE ONLY		
Examiner Authority Checked : <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	Application Fee:	
Remarks :	Receipt No:	
	Cheque / P.O:	
FOI Signature :	Initial:	
Date :	Date:	