



TC USE ONLY	Activity Tracking System (ATS) Number	ATS:
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INITIAL APPLICATION FOR QUALIFICATION AS AN APPROVED CHECK PILOT – PART A

PART A – COMPLETED BY ACP APPLICANT

SECTION 1 - General Information

Name (Last, First, Middle)		Licence No.	
Mailing Address			
City		Province	Postal Code
Checking “ YES ”, authorizes Transport Canada to publish specific ACP contact information on the Transport Canada Delegations Information System (DIS) website. DIS is a web based database Air Operators use when searching for an ACP to conduct a PPC on company personnel.			
Home	() -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work/Other	() -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell 1	() -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell 2	() -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax	() -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email 1		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email 2		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever held a Transport Canada delegation of authority in any Region? (If yes, enter the dates(s) and the Region.			
<input type="checkbox"/> No <input type="checkbox"/> Yes	From (Y/M/D)	To (Y/M/D)	Region
Geographic areas where you can provide ACP services on a regular basis.		Preferred language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French	



SECTION 2 - ACP Authority Requested

<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> PPC/VFR <input type="checkbox"/> PPC/IFR <input type="checkbox"/> PPC (Simulator Only) <input type="checkbox"/> Line Checks				
Aircraft Type(s)	CAR 702	CAR 703	CAR 704	CAR 705
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Authority to conduct individual type ratings and instrument rating renewals on personnel not associated with a Canadian Air Operator or Private Operator in accordance with Staff Instruction (SI 401-002) and sections 3.1(5) and (6) of TP6533. List Aircraft Type(s):				
Additional Information:				

SECTION 3 - Appointment as an Authorized Person

Have you ever been denied issue or renewal of appointment as an authorized person?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	
Privileges applied for:	
<input type="checkbox"/> Aircraft Type Rating	<input type="checkbox"/> Instrument Rating

SECTION 4 - ACP Course

<input type="checkbox"/> Completed <input type="checkbox"/> Proposed	From (Y/M/D)	To (Y/M/D)
ACP Course Provider:		
Note: In addition to the ACP Course requirement, a one-day ACP Assessment/Brefing must be completed in accordance with the ACP Manual PRIOR to the conduct of an ACP Monitor.		

SECTION 5 - Conflict of Interest

<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, state conditions if any that could lead to Real or Perceived situations of conflict of interest:



SECTION 6 - Mandatory Requirements

<p>Do you hold a valid Commercial Pilot Licence or Airline Transport Pilot Licence – Aeroplane or Helicopter, as appropriate to CAR’s Part VII?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have a valid instrument rating where applicable?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>Do you hold a Type Rating on each aircraft type requested on this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you hold a valid pilot-in-command PPC on at least one type of aircraft requested on this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you, or have you been employed as pilot-in-command on the type requested in the appropriate CAR’s PART VII</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have experience as a training pilot in a PART VII operation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have 3000 total flight time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have 1500 hours pilot-in-command time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have 500 hours multi-engine (where applicable)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	<p>Do you have 300 hours instrument time (where applicable) of which 150 hours is actual instrument flight time?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>

SECTION 7 - Flight Experience:

Aircraft	Total Flight Time	Total PIC Flight Time
SEL and/or S (A)		
MEL and/or S (A)		
Turboprop		
Jet		
Helicopter SEL		
Helicopter MEL		
Grand Total		

SECTION 8 - FMS and GPS Experience

List FMS and GPS Experience (i.e. Model Types) applicable to aircraft types requested.	
FMS:	PANEL MOUNT GPS:
<p>Note: Your delegation is aircraft type specific. Therefore, if you are qualified on aircraft type A with GPS equipment X, you are not authorized to conduct a GPS proficiency check on aircraft type B with the same GPS equipment X. Similarly, if you are qualified on aircraft type A with GPS equipment X, you are not authorized to conduct a GPS proficiency check on the same aircraft type A with different GPS equipment X until you are qualified on GPS equipment X. You are deemed to be qualified when you have met training and checking requirements.</p>	



SECTION 9 - Instructor Experience

Do you have experience as a training pilot?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, specify.				
If applicable, briefly summarize other pertinent flight instructor experience, for example Flight Safety, CAE Simuflite, Boeing Flight Training Services, Bombardier, etc.				
Have you ever been a Transport Canada Civil Aviation Inspector?				
		From	To	
		(Y/M/D)	(Y/M/D)	
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES →				Branch
				Region
Have you ever been a Canadian Forces Qualified Flight Instructor?				
		From	To	
		(Y/M/D)	(Y/M/D)	
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES →				What QFI category?
Were you ever a Canadian Forces Instrument Check Pilot?				
		From (Y/M/D)		To (Y/M/D)
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES →				

SECTION 10 - Employment Record

Describe your current or most recent work experience in Block A and work backwards. Use a separate block for each position described (e.g., Block A, Block B, etc.). Describe your work experience related to the designation sought. Describe each applicable position you held during **at least** the past 5 years. You may describe work experience accrued more than 5 years ago. Include military service if your military experience is pertinent to your application.

BLOCK A

Name of Employer/Organization		City, Province	
Address			
Job Title		Dates Employed From (Y/M/D) To (Y/M/D)	
Description of Duties			



BLOCK B

Name of Employer/Organization		City, Province	
Address			
Job Title		Dates Employed	
		From (Y/M/D)	To (Y/M/D)
Description of Duties			

BLOCK C

Name of Employer/Organization		City, Province	
Address			
Job Title		Dates Employed	
		From (Y/M/D)	To (Y/M/D)
Description of Duties			

SECTION 10 - Aviation Record

Have you ever been convicted of an offence under the <i>Aeronautics Act</i> or <i>Canadian Aviation Regulations</i> ? (If YES, describe the circumstance)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details:

Has any Canadian Aviation Document or rating issued to you been cancelled or suspended? (If YES, describe the circumstance)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details:

Are you presently under charges for any violation under the <i>Aeronautics Act</i> or <i>Canadian Aviation Regulations</i> ? (If YES, describe the circumstances)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details:

Have you ever been in an aviation accident or incident?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details:



SECTION 11 - Release of Information and Certification Statement

After you read this statement, sign and date this application:

I understand that:

- A false statement on any part of this application will be grounds for refusing this application, for rescinding my eligibility as an ACP candidate, for not delegating me, or terminating any delegation I may receive;
- My TC accident/incident/violation history will be verified;
- Delegation as an ACP is a privilege, not a right, and that any delegation received may be cancelled or suspended, or not renewed at any time for any reason the Minister deems appropriate; and
- I will abide by the policies and procedures specified in the Approved Check Pilot Manual (TP 6533E) and the applicable Canadian Aviation Regulations.

I certify that all of my statements on this application are true, correct, and complete.

Print Name

Applicants Signature

Date (Y/M/D)

Application Checklist

Ensure that in submitting your application for an ACP you forward ALL of the following:

- This completed Application form with signature;
- If completed, a copy of your ACP Course Certificate;
- Any other relevant document(s) pertinent to your application.

Note: An incomplete application cannot be processed until all specified documents have been received.