

Ministry of Civil Aviation	Egyptian Civil Aviation Authority
<b>Application for Pilot Check Airman (PCA)</b>	
Air Carrier Name:	Supervisor Signature:
Applicant's Full Name:	Applicant's Signature:
Date of Application:     /     / 20	
<b>NOTE:</b> The Air Carrier Supervisor must complete this Application and sign it. His signature and the Applicant's signature will serve as a certification of the accuracy of the information	
<b>Requirements</b>	<b>Data required</b>
1. License No.	
2. Type Ratings (ALL)	
3. Total Flying Hours	
4. Date of completion of the last Type Rating	
5. Total hours accomplished in the required aircraft type	
6. Date of completion of the initial training on the required aircraft type	
7. Date of initial issuance of Instructor License	
8. Instructor experience in terms of Hours of Instruction and Years of experience	
9. Hours of Check Airman Training that the applicant received	
10. Date of Check Airman Training completion ( per ECAR 121.413 )	
<b>Inspection Results:</b> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div>	
Date:     /     /20	Signature of Inspector
Date:     /     /20	Signature of General Manager: