APPENDIX A – ACP APPLICATION FORM

☐ Initial ☐ if initial then – training rides completed					Tadada Data				
Revision ACP Nominee						ay's Date mm/dd)			
			se#		ATPL	☐ CPL			
ACD Authority Do	augeted:								
ACP Authority Re	questeu. □	Type B	Пр	PC (simulator only)					
☐ ACP		Line Checks	I TO (Simulator Only)						
☐ PPC/IFR	Ä	PPC/VFR							
Aircraft Types:				CAR (to be operated under)					
1)			☐ 702	☐ 703	☐ 704	705			
2)				☐ 703	☐ 704	☐ 705			
3)			☐ 702	703	☐ 704	☐ 705			
Approved Check F completed ACP Initial Location(s)	Pilot Course	proposed ACP Recurrent		N/A Alternate ACP Trng Date (s) (yy/mm/dd)	Program (70	93, 702)			
<u>Declarations</u>									
The following authorizes Transport Canada to publish a ACP's name and phone number for the purpose of conducting flight checks.			_	Name					
☐ Authorise ☐	Do not Auth	norise							
				Signatur	е				
This certifies that the information provided in this application and the attached resume (for initial applications only) is accurate and that I will abide by the policies and procedures specified in the Approved Check Pilot Manual (TP 6533E).									
	Signature			Date (yy/mm	n/dd)				

For Tra	For Transport Canada use only									
Inspect	tor Verification:									
Initial A	Initial Authority:									
The AC	The ACP Nominee									
	meets all applicable requirements of the ACP Manual, or deviations from the required qualifications and experience are justified.									
	has been briefed on flight check procedures, and									
	has successfully completed an initial ACP monitor where applicable.									
Revise	Revised Authority									
meets all applicable requirements of the ACP Manual for the revised authority.										
_	mode an applicable requirements of alleviter mandal for allevited datherty.									
Recom	mendation for Approval		Yes		No					
	as requested recurrent PPC only		/							
Comme	Comments:									
	Inspector's Name	Signature			Date (yy/mm/dd)					
ACP A	uthority Approval:		Yes		No					
	as requested	П	recurrent PPC only	/						
_	·									
Comments:										
Issuing Authority		Signature			Date (yy/mm/dd)					
	,				,					
Revised Authority										
This approval supersedes and cancels the approval dated										
Date (yy/mm/dd)										