

Memorandum

TO: Prospective E-PPE Candidates

FROM: E-PPE Qualifications Review Committee

DATE: January 3, 2013

SUBJECT: E-PPE Application Process

Thank you for your interest in applying to the Experimental Pilot Proficiency Examiner (E-PPE) candidate pool. The purpose of this memorandum is to describe the application requirements when applying to E-PPE candidate pool.

Minimum Qualifications

1. 1500 hours total time as PIC.
2. 500 hours minimum time in the airplane category.
3. 500 hours minimum in turbine aircraft.
4. 250 hours minimum of instruction given in turbine airplane either as a CFI or Military Instructor.
5. 50 hours minimum of PIC time logged in the Experimental Jet in which examinations will take place.
6. Good reputation in the industry and a history of cooperation with the FAA.

Application Requirements

1. Complete the E-PPE application.
2. Current aviation style resume.
3. Copies of front and rear of pilot, flight instructor and medical certificates.
4. A single letter of recommendation from an individual in the industry. Letters of recommendations from current EAE will not be accepted.
5. Sign Statement of Understanding.
6. Sign Pilot Bill of Rights Statement.

Once complete with the application requirements please print and sign required forms then email to eppecandidatepool@gmail.com.

Thank you for applying,

E-PPE Review Committee.

Memorandum of Understanding

1. I acknowledge that I am applying to be in a pool of potential candidates for the Experimental Pilot Proficiency Examiner (E-PPE) program. The purpose of the pool is to be able to provide names to the National Program Manager in a timely manner for appointment when a need has been identified.
2. I understand that by applying to the E-PPE program does not guarantee appointment now or in the future.
3. I understand that designation as an E-PPE examiner is a privilege and not a right, and any designation may be terminated, revoked, or not renewed at any time for any reason the FAA Administrator deems appropriate.

Print Name

Signature

Date

PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION OF INVESTIGATION

The information you submit on the attached FAA Form 8710-1, Airman Certificate and/or Rating Application will be used by the Administrator of the Federal Aviation Administration as part of the basis for issuing an airman certificate, rating, or inspection authorization to you under Title 49, United States Code (USC) section 44703(a), if the Administrator finds, after investigation, that you are qualified for, and physically able to perform the duties related to the certificate, rating, or inspection authorization for which you are applying. Therefore, in accordance with the Pilot's Bill of Rights, the Administrator is providing you with this written notification of investigation of your qualifications for an airman certificate, rating, or inspection authorization:

- The nature of the Administrator's investigation, which is precipitated by your submission of this application, is to determine whether you meet the qualifications for the airman certificate, rating, or inspection authorization you are applying for under Title 14, Code of Federal Regulations (CFR) parts 61, 63, or 65.
- Any response to an inquiry by a representative of the Administrator by you in connection with this investigation of your qualifications for an airman certificate, rating, or inspection authorization may be used as evidence against you.
- A copy of your complete airman file is available to you upon your written request addressed to:

Federal Aviation Administration
Airmen Certification Branch, AFS-760
P.O. Box 25082
Oklahoma City, OK 73125-0082

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ACKNOWLEDGMENT OF RECEIPT OF PILOT'S BILL OF RIGHTS WRITTEN NOTIFICATION

I acknowledge that I received the Pilot's Bill of Rights Written Notification of Investigation at the time of this application.

Airman Name (printed)

Signature of Applicant

Date: _____

This is to certify that the airman named above declined to sign the written receipt:

Name of Designee (Printed)

Signature of Designee

Date _____

EXPERIMENTAL- PILOT PROFICIENCY EXAMINER (E-PPE) CANDIDATE APPLICATION

1. Name (Last, First, Middle)-		2. Social Security Number	2A. Date of Birth
3. Permanent Mailing Address-		4. Telephone Numbers-	
City: _____ State: _____ Zip Code: _____		Home Phone: _____	
		Cell Phone: _____	
		Business Phone: _____	
		Fax Number: _____	
5. This application is for:- <input type="checkbox"/> Initial Application for E-EPE <input type="checkbox"/> Initial Application for EAE	6. 7. Have you ever held an FAA pilot proficiency examiner in any region? - (If "Yes," enter the date(s) and the supervising FSDO.) <input type="checkbox"/> YES <input type="checkbox"/> NO From (mo/yr); _____ To (mo/yr); _____ FSDO: _____		
7. Enter the type of Authorized Experimental Aircraft for which authorization is sought: _____ _____ _____ _____ _____	8. Enter FSDO name for the geographic region which you reside: _____		
10. Has any certificate or rating issued to you ever been revoked? - (If "Yes," describe circumstances.) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____ _____	11. Have you had any aircraft accidents or incidents within the past 5 years? - (If "Yes," describe circumstances.) <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____ _____		
12. FAA Certificates held - You MUST provide copies (front and back) of all certificates.			
Type of Certificate	Certificate Number	Ratings and Limitations (as shown on the certificate)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
13. Enter all of your special training which is pertinent to the designation sought-			

14A. Have you ever served as a chief or assistant chief instructor in a school authorized under Title 14 of the Code of Federal Regulations (14 CFR) part 141?-

YES NO From (mo/yr) _____ To (mo/yr) _____

14B. Have you ever served as a check airmen under Title 14 of the Code of Federal Regulations (14 CFR) part 121 and/or part 135?-

YES NO From (mo/yr): _____ To (mo/yr): _____ FSDO _____

14C. Have you ever been an FAA Aviation Safety Inspector?

YES NO From (mo/yr): _____ To (mo/yr): _____ FSDO _____

15. Have you ever been a military pilot evaluator?

YES NO From (mo/yr) _____ To (mo/yr) _____

16. Have you ever been an FAA Accident Prevention Counselor or FAA Aviation Safety Counselor?

YES NO From (mo/yr) _____ To (mo/yr) _____ FSDO _____

17a. Fill in the information below as it relates to your 61.58 proficiency check completed in the last twelve months.

Date: _____ Aircraft Type: _____ Examiner: _____

17b. Flight Experience-Enter all your actual flight time (in hours), as requested. Do not round off or approximate your hours (i.e., ±). Enter Experimental Jet type and fill in the applicable blocks

Aircraft Class/Experience	PIC Total	PIC Last 12 Mos.	SIC If Applicable)	Total Flight Instruction Given (Civilian/Military)	Number of Students Recommended for Authorized Experimental Aircraft
ASEL					
AMEL					
Turbine					
Experimental Jet _____					
Experimental Jet _____					
Experimental Jet _____					
Experimental Jet _____					

18. Briefly summarize your aviation activities and professional responsibilities that best qualify you to be a E-PPE.-

19. During the past 5 years, were you fired from any job for any reason?-	20. Have you ever been convicted of any felony violation?-	21. Are you now under charges for any violation of law?-	22. Have you ever been imprisoned, been on probation, or been on parole?-
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

23. Have you ever been convicted by a military court-martial?-	24. Have you ever been discharged from a military service under a General discharge?-	25. Have you ever been discharged from a military service other than honorable conditions?-
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

26. If you answered "Yes" to any questions in Block 24 through 30, you MUST enter full details.

27. Education and Training-

Are you a high school graduate? YES NO High School: _____ Date Graduated (mo/yr) _____

Are you a GED graduate? YES NO Date received GED (mo/yr) _____

College and/or Technical Training Dates		Name of School	Curriculum or Study Program	Degree or Certificate Received
From (mo/yr)	To (mo/yr)			

RELEASE OF INFORMATION AND CERTIFICATION STATEMENT-

Read this statement CAREFULLY.

After you read this statement, you MUST sign and date this application in black ink.
Under your signature, you MUST print or type your name.

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an E-PPE candidate, for not selecting me, or terminating any designation I may receive.
- I understand that any information given may be investigated.
- I consent to release this of information regarding my personal and technical qualifications for designation as an E-PPE by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the federal government, and persons not employed by federal government to whom the FAA has delegated the authority to screen and approve or disapprove E-PPE applicants.
- I understand that my FAA accident/incident/violation history will be verified at each stage of the application process.
- I understand that designation as a E-PPE examiner is a privilege, not a right, and that any designation may be terminated, revoked, or not renewed at any time for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and made in good faith.

33. **Applicant's Signature- (Sign application in black ink.)**

-NOTICE- Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representation, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.. code secs. 1001:3571).

SIGNATURE:

PRINT NAME	DATE SIGNED- (Month, Day, Year)
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