

DME SUPPLEMENTAL INFORMATION

This sample document, or a similar format may be used to provide supplemental information to support eligibility, and qualifications for appointment as a FAA Designated Mechanic Examiner (DME).

Describe your experience that pertains to qualifications for a Designated Mechanic Examiner (DME). Please be detailed in your responses in order to support your experience. Refer to FAA Order 8000.95 Designee Management System, Volume 5 for minimum experience requirements for a DME. You may attach additional experience pages as necessary.

DME SUPPLEMENTAL INFORMATION SHEET

| | |
|------------------------|--|
| Applicant Name: | |
| Date: | |

| | |
|---|---|
| Name of Employer/Organization: | Telephone Number: |
| Street Address: | City: |
| State (Country if other than USA): | Zip/Postal Code: |
| Job/Position Title: | Dates Employed: From: _____ To: _____ |
| Supervisor's Name: | FAA Air Agency or Air Operator Certificate Number (If applicable): |

Experience (add additional pages if needed):

DME SUPPLEMENTAL INFORMATION SHEET

| | |
|------------------------|--|
| Applicant Name: | |
| Date: | |

| | |
|---|---|
| Name of Employer/Organization: | Telephone Number: |
| Street Address: | City: |
| State (Country if other than USA): | Zip/Postal Code: |
| Job/Position Title: | Dates Employed: From: _____ To: _____ |
| Supervisor's Name: | FAA Air Agency or Air Operator Certificate Number (If applicable): |

Experience (add additional pages if needed):

| |
|--|
| |
|--|

DME SUPPLEMENTAL INFORMATION SHEET

| | |
|------------------------|--|
| Applicant Name: | |
| Date: | |

| | |
|---|---|
| Name of Employer/Organization: | Telephone Number: |
| Street Address: | City: |
| State (Country if other than USA): | Zip/Postal Code: |
| Job/Position Title: | Dates Employed: From: _____ To: _____ |
| Supervisor's Name: | FAA Air Agency or Air Operator Certificate Number (If applicable): |

| | |
|---|--|
| Experience (add additional pages if needed): | |
|---|--|

DME SUPPLEMENTAL INFORMATION SHEET

| | |
|-----------------|--|
| Applicant Name: | |
| Date: | |

FAA Certificates Held

Provide the details of any FAA certificates held. For repairman certificates, also include the limitations stated on the certificate in the "RATINGS" column.

| CERTIFICATE TYPE | CERTIFICATE NUMBER | RATINGS | DATE OF ISSUANCE |
|-----------------------------|-------------------------------|----------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Fixed Base of Operation

Address of applicant's fixed base of operation equipped to support testing in both reciprocating and turbine engine aircraft:

| |
|--|
| |
|--|