



AME-DMS

Designee Change/Expand Authority

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Designee Management System

Designee Management System (DMS) is a web-based tool designed to standardize the management of designees. **Designee:** Private persons (i.e., individuals) or organizations delegated to act as representatives of the Administrator. DMS will collect, store, and process designee information and the designee management processes in accordance with FAA recordkeeping requirements. Successfully meeting the minimum qualifications does not guarantee appointment as a designee. Applicants must update their applications whenever information changes and they must validate and verify the application data at least every 12 calendar months. Failure to maintain up-to-date information may affect selection eligibility and appointment as a designee. (Text taken from FAA Order 80000.95.)

DMS Login

Designee Login

1. Access DMS using the following link: <https://designee.faa.gov/>
2. When the *Systems Use Notice* appears, click **I Agree**.

3. Enter your **User Name** and **Password**, and click **Login**.

The Designee DMS Home page opens.

Home	Update Profile	Create Application	FAA Order 8000.95				
Welcome Nelson, Shawn			Message Center Change Password Logout				
My Designations							
Designation	Designation Status	Effective Date	Expiration Date	Termination Date	View	Contact Information	Designation Actions
AME	Active	07/28/2015	07/31/2018		CLOA	Edit	Action
Action Required Items							
My Applications							

Change/Expand Authority

If you are an existing AME Designee and would like to apply for another sub-type under an existing Certificate and Letter of Authority (CLOA), you must request an expansion. There are **four reasons to request expansion of authority**:

- An AME requests authority to perform physical examinations necessary to determine qualifications for the issuance of first-class FAA Airman Medical Certificates.
- Change of address
- An AME requests authority at a second location.
- A designated civilian AME requests authority to be designated as a Guard or Reservist within their civilian region.

Change/Expand Authority

Important: Expansion of authority must start with the designee first.

1. Under *My Designations*, click on the **Action** link.

My Designations							
Designation	Designation Status	Effective Date	Expiration Date	Termination Date	View	Contact Information	Designation Actions
AME	Active	07/28/2015	07/31/2018		CLOA	Edit	Action
Action Required Items							
My Applications							

2. Under *Activity Links*, click on the **Change/Expand Authority Request** link.

Home	Update Profile	Create Application	FAA Order 8000.95				
Welcome Nelson, Shawn			Message Center Change Password Logout				
Designation Information							
Designation	AME						
Designation Status	Active						
Effective Date	7/28/2015						
Expiration Date	7/31/2018						
Managing Specialist	Nelson, Roxanne						
Next Training Due Date							
Next Seminar Due Date							
Activity Links							
AME Report Card							
Voluntary Surrender Request							
Change / Expand Authority							

3. Select an **AME Type(s)**, and then select a **Class Type**.

AME Current Function Code Selections

Please select AME Type(s)

AME

<input checked="" type="checkbox"/> Civilian-Domestic	<input type="checkbox"/> Civilian-International
<input type="checkbox"/> Military - Active Duty	<input checked="" type="checkbox"/> Federal
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Military - Guard and Reservists

Class Types

* Please select one of the Class Types

First Class

Second / Third Class

4. Enter **Address** Information.

Email Information

Email Address

shawnnelson@hotmail.com

Address Information

Please enter your physical work address (s)

Physical Work Address 1

* Country

United States

Clinic Name

Northwest Mountain AME

* Street 1

1601 Lind Ave N

Street 2

Street 3

* City

Renton

* Country

United States

Clinic Name

Swedish Medical Center

* Street 1

1111 1st Ave S

Street 2

Street 3

* City

Seattle

* County

King

* State

Washington

* Zip Code

98055

5. Enter **Phone Information**, a **Justification (or reason for the request)**, and click **Continue**.

Phone Information

Please enter your Phone Information which will be used for this designation.

Phone 1

* **Type**
Land Line

* **Number**
(425) 555-4545

Extension

Justification Information

Please enter Justification.

* **Justification**
Expansion requested

Back Save **Continue** Cancel

6. Click the **I AGREE** boxes, enter your **DMS Password** in the **Signature** field, and click **Submit**.

Expand Authority Request Signature > Aviation Medical Examiner (AME)

Release of Information and Certification Statement

Read the following statements CAREFULLY. After you read each statement, you MUST acknowledge by clicking in the block. All statements must be acknowledged prior to continuing with the application process.

* 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 a designee, for not designating me, or terminating any designation I may receive. I AGREE

* I understand that any information given may be investigated. I AGREE

* I consent to the release of information regarding my personal and technical qualifications for designation by employers, schools, law enforcement agencies, and other individuals and organizations, to Investigators, employees of the Federal government, and persons not employed by the Federal government to whom the FAA has delegated the authority to screen designee applicants. I AGREE

* I understand that my FAA accident/incident/violation history will be evaluated, as appropriate, at each stage of the application process. I AGREE

* I understand that designation as a designee is a privilege, not a right and that any designation received may be terminated or revoked at any time for any reason the FAA Administrator deems appropriate. 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 representations, or entry, may be fined up to \$250,000 or imprisoned for not more than 5 years, or both. (18 U.S. Code Secs 1001:3571). I AGREE

* I certify that, to the best of my knowledge and belief, all data and information that I entered in this application are true, correct, complete, and made in good faith. I AGREE

Privacy Act Statement

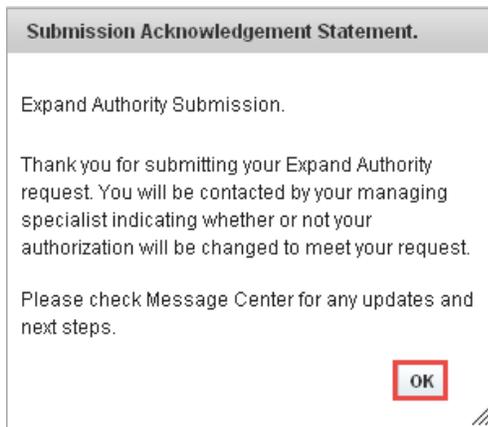
Privacy Act Statement: The information on this form is solicited under authority of the Federal Aviation Regulations Part 183. The purpose of this information is to establish your qualifications as a designee. Submission of the data is mandatory. Incomplete submission may result in delay or denial of your request. The data will be used to determine your eligibility as a designee, and for statistical purposes. In addition, the data also becomes part of the Privacy Act system of records DOT/FAA 830. Representatives of the Administrator, and is subject to the additional conditions of that published system.

Please enter your DMS password as your electronic signature.

Signature:
●●●●●●●●

Submit Cancel

7. When the **Submission Acknowledgement Statement** appears, click **OK**.



The “Review Change/Expand Authority Request” is sent to Managing Specialist.

The Expand Authority Request will appear under the Activity History section.

Activity History			
Activity	DMS Tracking #	Activity Status	Modified Date
Expand Authority Request	006057147-2015_584	Pending	08/10/2015

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Technical Support

For technical assistance, please contact:

FSC
FAA IT SERVICE CENTER
Email: helpdesk@faa.gov
Phone: (844) FAA-MYIT