TCE SUPPLEMENTAL INFORMATION

This sample document, or a similar format, may be used to provide supplemental information to support eligibility and qualifications for appointment as an FAA Training Center Evaluator (TCE).

Describe your experience that pertains to qualification as a TCE. Please be detailed in your responses to support your experience, to include how you obtained:

- At least 100 hours of flight simulation training device (FSTD) operating experience within the previous 12 calendar-months in a FSTD representative of the same aircraft make, model, series (M/M/S), and type (if type is applicable) of aircraft for which the designation is requested.

Refer to FAA Order 8000.95, Designee Management Policy, Volume 7, for minimum qualifications to be a TCE. You may attach additional experience pages as necessary.

TCE 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 (If applicable):**
Experience (add additional pages if needed):	

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FAA Certificates Held

Provide the details of any FAA certificates held.

CERTIFICATE TYPE	CERTIFICATE NUMBER	RATINGS	DATE OF ISSUANCE