

Application for Registration

Part I – Personal Data

Titles (Mr., Mrs., Engr., Dr., etc.)		Sex Female <input type="checkbox"/> Male <input type="checkbox"/>
Specific Data		
Last Names		Names
Nationality		Date of Birth
Private Address <i>Please check mark (✓) in case you wish this address to be considered the main address for registration.</i>		Zip Code
Phone #	Fax #	E-mail
Name you wish it appears on your registration card:		
AIG Data		
Country/Organization		Date of admission Position
Address <i>Please check mark (✓) in case you wish this address to be considered the main address for registration.</i>		Zip Code
Phone #	Fax #	E-mail
Category of Investigator you Belong (Indicate the Scopes)		
Operational <input type="checkbox"/>	Operations <input type="checkbox"/> Aircraft performance <input type="checkbox"/> Medical/Human Factors <input type="checkbox"/> Witnesses <input type="checkbox"/> Flight recorders <input type="checkbox"/>	Aerodromes (AGA) <input type="checkbox"/> Meteorology <input type="checkbox"/> Air Traffic Services <input type="checkbox"/> Airports <input type="checkbox"/> Survival <input type="checkbox"/> Cabin safety <input type="checkbox"/>
Technical <input type="checkbox"/>	Maintenance and recordings <input type="checkbox"/> Structures <input type="checkbox"/> Propulsion engines <input type="checkbox"/>	Site inspection <input type="checkbox"/> Resistance to impact <input type="checkbox"/> Photography/video <input type="checkbox"/>
Level of Certification as ARCM Multinational AIG Investigator you Apply		

Provisional ARCM Investigator <input type="checkbox"/>		ARCM Investigator <input type="checkbox"/>		ARCM Investigator-in-charge <input type="checkbox"/>	
Higher/Technical Education					
Year		Degree		Course/Major	
Institution				Authority awarding the degree	
Year		Degree		Course/Major	
Institution				Authority awarding the degree	
Training as Investigator					
From	To	Name of the training organization			
Title of the course or training programme					
Results			Course certified by		
From	To	Name of the training organization			
Title of the course or training programme					
Results			Course certified by		
From	To	Name of the training organization			
Title of the course or training programme					
Results			Course certified by		
Investigation Experience					
Please describe your investigation experience					
Amount of investigations conducted			Date of the last investigation		
Amount of multinational investigations conducted			Date of the last multinational investigation		
Work Experience					
Please briefly describe your general work experience and a detailed description of the experience related to your major and duration of experiences.					
From (month/year)		To (month/year)		Name of the organization and department	
Position/Function					

Work experience		
Experience related to your major and duration		
Work Experience		
From <i>(month/year)</i>	To <i>(month/year)</i>	Name of the organization and department
Position/Function		
Work experience		
Experience related to your major and duration		
Work Experience		
Desde <i>(mes/año)</i>	To <i>(month/year)</i>	Name of the organization and department
Position/Function		
Work experience		
Experience related to your major and duration		
Work Experience		
From <i>(month/year)</i>	To <i>(month/year)</i>	Name of the organization and department
Position/Function		
Work experience		
Experience related to your major and duration		
Statement		

I apply to be admitted into the ARCM multinational AIG investigator record and confirm I understand and agree upon the following conditions:

1. I shall comply with the ARCM multinational AIG investigator code of conduct.
2. The information I have filled in the application (with the exception of the explicitly excluded personal data) shall be published in the record.
3. I shall report any situation that may be considered detrimental to my capacity to effectively perform my duties as multinational investigator to the ARCM.
4. I shall not use my multinational AIG investigator certification if I leave an AIG authority or civil aviation organization.
5. I will return my ARCM multinational AIG investigator certification when my capacity and functions in the AIG or civil aviation organization I belong end.

I confirm the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that if I provide incorrect information or withhold relevantly requested information I will probably be excluded or removed from the ARCM multinational AIG investigator record.

I also understand that, once registered, I am obliged to report to the ARCM with no delays on any change (in the circumstances I initially state), that having stated that in my first application it could have been a reason for the ARCM to reject my incorporation to the multinational AIG investigator record.

Signature:.....

Date:.....

Part II – Presentation

Authority Statement

We, as ARCM AIG Authority, support the registration application and confirm we have verified the applicant's compliance with education, training, investigation and work experience requirements that are part of the criteria for the ARCM multinational AIG investigator registration.

Authority/Organizations:
(Capital letters please)

Address:

Zip code:

Phone #:

Fax #:

Signature:

Date:

Name:

Position:

(Capital letters please)

Part III – Application Checklist

Please use the checklist before sending your application to the ARCM

I have:

- completely listed my addresses and personal and business data,
- stated the scope of the registration I am applying for,
- included documents proving my academic and technical qualifications,
- included a copy of my certificate of investigator training stating its approval,
- recorded enough work experience,
- recorded enough investigation experience,
- signed and dated the statement,
- obtained the corresponding AIG signature.

For applicants attaching multinational AIG investigations registrations we also need that they:

- fill in their registrations in the investigations logbook,
- include all the copies of the multinational AIG investigations logbook ,
- provide contact information of the investigator in charge of the investigation providing guidance and assistance.

The IIC may be requested to prove his competence.

Please make sure all the information you submit is clear in order to expedite your application analysis process.

General Information

The information below is important. Please read it carefully before filling in the form. In case you need assistance to fill in the form, the ARCM Technical Committee will always be available to assist you.

- All the information and other documentation you send to support your registration application must be in Spanish, Portuguese or English or accompanied by a certified translation of the original.
- Please make sure you fill in all sections of the form. If a section is not applicable, write “N/A”. If there is not enough space for all the information you wish to include in a section, make a brief summary in the available space and then add additional pages to include details. You should sign the form once you check all the sections are filled in appropriately.
- Once we receive your application, we shall acknowledge the receipt through your electronic mail. We shall inform you whether your application has been approved as soon as the decision is made.

PART I – INFORMATION ABOUT YOURSELF

Personal Data

Your name and business data shall be published in the record and included in the ARCM database. Thus, in “Last name”, you must make sure to list your last name, that is to say, your main name that legally identifies you in your passport. If you wish your personal data to be included in the record, please check the corresponding box.

Additionally, let us know how you wish your name to appear on the record identification card, that we shall send once the record has been awarded. The multinational AIG investigators record is available at our website.

Level of Certification as Multinational AIG Investigator you Apply for

Please check mark (X) the appropriate box according to the certification type you are applying for.

Education

List education data (secondary school, school, university, etc.). You must attach documented proof (in general, a copy is enough), that must be accompanied by its corresponding translation in Spanish if originals are in any other language but English, Spanish or Portuguese.

Civil Aviation Authority

List data about the AIG you belong.

Training as Investigator

You must have successfully completed the investigator course in a period of three (3) years immediately before the certification application. The TC may accept a longer period if there is proof of relevant recent work experience and compliance with all the requirements established to perform as ARCM accident investigator.

Investigation Experience

Please describe your experience in investigation. In order to perform the functions of ARCM provisional investigator you must have been part of an investigation team in a major, in at least 9 investigations that have been conducted in your State investigation organization in the last three (3) years. For the ARCM investigator level, the provisional investigator must have completed at least one complete multinational investigation. The investigation activity must include the investigation tasks at the site of the accident, factual information collection and analysis and the making of the final report. The IIC shall be required to qualify the competence of all the members of the investigation team in all the multinational investigations.

For the ARCM investigator in charge (IIC) level, the ARCM investigator must complete the OJT of a multinational investigation as investigator in charge of a multinational investigation, in charge of a head investigator in charge that shall issue a report recommending his qualification.

Work Experience

List details of your career, that is to say, a brief description of your general work experience, functions, and responsibilities. Additionally, we need detailed information about your work experience related to the aviation industry and major. List this information in chronological order, starting from the most recent experience. You can submit this information in additional pages.

Statement

You, in your capacity as applicant, must sign and list the date in this section before submitting the form.

Part II – PRESENTATION

Authority Statement

The AIG authorized person must sign part II.