**Please complete the form in BLOCK CAPITALS after reading the attached guidance.**

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| **INSTRUCTIONS**  **1. APPLICATION (tick appropriate box)**  I am applying for: Initial, Revalidation  **2. ORGANIZATION DETAILS**  Specify Organization name, Address, Telephone number, Fax number, Email, Owners Name & Address (if  applicable)  **3. Designated Chief or Lead Instructor for the course to which this application relates:**  Specify Name, Address, Telephone number, Fax number, Email, Other information (if applicable)  **4. Location where Courses are to take place:**  Specify Name, Address of the location where courses will be conducted  **5. Applicant’s Details:**  Specify Applicant’s Name, Position and place signature and date of signing  **6. Enclosures (tick appropriate box)**  Submission of all course manuals, course syllabus and documents to accompany this application.  **7. For CAA official use only** |

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| **1-Application** | **INITIAL** | **REVALIDATION/RECURRENT** | |
| **2**. **Organization Details** | | | |
| Operator/Organization Name |  | Telephone No: |  |
| Address: |  | Fax: |  |
| Website: |  | Email: |  |

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| **3. Designated Chief or Lead Instructor for the course to which this application relates:** | | | |
| Name: |  | Email: |  |
| Telephone No: |  | Others: |  |
| Fax: |  |  |  |
| **4. Location where Courses are to take place:** | | | |
| Name of location: |  | Address: |  |

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| **5. Applicant’s Details:** | | | | | |
| Name: |  | | | | |
| Signature: |  | | | Date: |  |
| Position in Organization: |  | | | | |
| **6. Attachments** | | | | | |
| Course Manual | | Course Syllabus | Candidate training Certificates: OCC, Differences,  Conversion, Recurrent and Crew in Charge | | |

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| **Declaration by Operator** *(please tick necessary box)* | | | | | | | | |
| The nominee is hereby requested to act as an Instructor for: | | | | | | | | |
| CRM | | First Aid | | AVSEC | DGR | SEP | | |
| Include Aircraft Type | | | | Others *(please specify):* | | | | |
| The nominee is personally suitable and; | | | | | | | | |
|  | Has a thorough knowledge of the relevant Course Material as in applicable regulations and organisation related. | | | | | | | |
|  | Has completed the approved initial or recurrent training programme for those who have previously held an Instructor Rating. | | | | | | | |
|  | Is fully competent of the aircraft type(s) and meets the recency for applicable aircraft. | | | | | | | |
|  | Trained & recommended by: | |  | | | | | |
|  | Instructor Name: | |  | | | | Date: |  |
|  | Signature: | |  | | | | | |
| Initial application is to be accompanied by a curriculum vitae of the nominee’s reflecting his previous positions held, training courses conducted and recent experience. | | | | | | | | |

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| **CAA use only** | | | | |
| **Name of Principle Operations Inspector Assigned:** | | |  | |
| Approved | | Rejected | | Approved with Limitations |
| State Limitations (if any) |  | | | |