**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) |  |