



**TANZANIA CIVIL AVIATION AUTHORITY**  
 DIRECTORATE OF SAFETY REGULATIONS  
 PERSONNEL LICENSING

Revision: 1

**Form**

Document No.:  
**TCAA -FRM -SR-PEL07A**

Title: **Examiner Application form**

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**IMPORTANT NOTICES**

1. This form, when completed, should be forwarded to TCAA Personnel Licensing Office via email: [pel@caa.go.tz](mailto:pel@caa.go.tz)
2. Evidence of qualifications must meet the requirements for the issue of the licence.
3. All dates are written in dd/mm/yy
4. All items in Part A must be filled correctly
5. (\*) The star stands for compulsory
6. All items in Part D must be uploaded in the online system

<b>S N</b>	<b>PART A: PERSONAL PARTICULARS INFORMATION</b>						
1	Surname:		First Name:			Other name:	
2	Nationality:						
3	*Type of license:		License number:				
4	Place of operational (location):						
5	*Date of Medical expiry:		Email address				
6	Telephone number						
7	Name of employer						
8	Address of Employer						
9	*Initial application					*Renewal Application:	
	<b>PART B: FLYING EXPERIENCE</b>						
	LOGBOOK HOURS	AEROPLANE	HELICOPTER	BALLOON	LOGBOOK	AEROPLANE	HELICOPTER
	TOTAL				INSTRUMENT		
	PIC				SIMULATED INSTRUMENT		



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FLIGHT INSTRUCTION				PIC NIGHT		
HOURS ON TYPE				TOTAL HOURS		

**PART C: PILOT PROFICIENCY CHECK**

LAST DATE OF CHECK:

CLASS/TYPE RATING:

DFE NAME:

DFE NO:

AIRCRAFT/FSTD:

**PART D: REQUIREMENTS**

1. Upload a copy of records (Instructor Rating/equivalent certificates or On-job training Instructor certificates)
2. Upload report of number of tests conducted per year (for renewal)
3. Upload valid medical certificate
4. Report of PPC (Pilot Proficiency check)/ Base check Report

**PART E: APPLICATION AND DECLARATION**

I hereby declare that all information provided in this application, including but not limited to my qualifications, flight hours, training, and experience, is true, accurate, and complete to the best of my knowledge and belief. I understand that any false statement or omission may result in the disqualification of my application or the revocation of my Flight Examiner designation.

Applicant Signature:

Date:

**FOR OFFICIAL USE ONLY**

ACCEPTED

REJECTED:  
 PROVIDE REASON:

Name of PEL Officer/Inspector.



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	Date	
	Signature	