



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
PERSONNEL LICENSING

Revision: 0

Form

Document No.:
TCAA -FRM -SR-PEL 038

Title: **Cabin CREW Instructors Application form for Initial/Renewal**

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IMPORTANT NOTICES

1. This form should be completed and filled in capital letters and be submitted to TCAA Personnel Licensing Office or email: 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 E must be uploaded in the online system

SN	PART A: PERSONAL PARTICULARS INFORMATION		
1	Surname:	First Name:	Other name:
2	Nationality:		
3	Date of Birth:		
4	*Type of certificate:	Certificate number:	
5	Place of operational (location):		
6	* Medical Certificate Class 2:	Date of last Medical: (dd/mm/yy)	Date of Expiry: (dd/mm/yy)
7	Name of Approved Training Organization (if Applicable)		
8	Name of Operator		
9	Address of Operator/ ATO:		
10	*Initial application/ Renewal Application		*Type of aircraft:
11	Aircraft type rating	SE	ME
12	Email address:		
13	List of aircraft type(s) for which instructor rating is required (If applicable):		
	PART B: SPECIFIC SUBJECT AREA(S) OF INSTRUCTION FOR INSTRUCTOR		
	(select by ticking in the appropriate check box)		



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1.	Safety & Emergency Procedures <input type="checkbox"/>	5.	Safety Management System (SMS) <input type="checkbox"/>
2.	First Aid (F/A) <input type="checkbox"/>	6.	Dangerous Goods (DG) <input type="checkbox"/>
3.	Crew Resources Management <input type="checkbox"/>	7.	Flight Time Limitation (FTL) <input type="checkbox"/>
4.	Fatigue Risk Management (FRMS) <input type="checkbox"/>	8.	General Legislation and Aviation <input type="checkbox"/>

PART C: For Initial Application			Required document(s)
1.	Does applicant meet all the specified qualification, training and experience in the operator's manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	National ID, Passport, Medical class 2
2.	Is the applicant qualified on the specific aircraft type in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Competency book
3.	Possesses 3 years of relevant experience as a cabin crew member and 1 year of experience in a senior cabin crew role?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CV
4.	Have completed the operator's approved Cabin Crew instructor training program for Cabin Crew Instructor/Examiner certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training record(s)/certificate
5.	Satisfactorily demonstrate to TCAA Inspector the ability to conduct training/checks for which he/she seeks approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Competency assessment record(s)
6.	Possesses 1 year of experience serving as a Cabin Crew Instructor. <i>(Applicable for Cabin Crew Examiner application only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Record(s) of authorization/
PART D: For Renewal Application			Required document(s)
1.	Was training/checking conducting three times within a 12-month period during the validity of the authorization?"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Record(s) of training conducted
2.	If the authorization has expired or the authorization holder did not complete 3 training/checking sessions in the last 12 months, is there a record of the applicant having completed the applicable recurrent training for a cabin crew instructor/examiner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refresher training record(s)

PART E: DOCUMENT REQUIRED	
1.	Upload a copy of Cabin Crew Certificate
2.	Upload copy of instructor qualification certificate
3.	Upload copy of valid medical certificate
4.	Copy of the competency book
5.	Copy of Training records (SEP, First Aid, CRM, etc.)
6.	Operator/ATO application letter

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PART F: APPLICATION AND DECLARATION
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I hereby declare that all information provided in this application, including but not limited to my qualifications 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.

Applicant Signature:		Date:
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PART G: FOR OFFICIAL USE ONLY

I accept or reject the application

Tick appropriate box	Initial	Renewal
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Name of PEL Officer/Inspector.	
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Date	
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Signature	
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NOTE:

- The application is to be filled out by typing or writing clearly in capital letters:
 (A), (B), (C), (D) (E)& (F) The applicant shall complete these sections.
- The Inspector shall certify whether the applicant meet or does not meet the requirement for instructor application