



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
PERSONNEL LICENSING

Revision: 0

Form

Document No.:
TCAA-FRM-SR-PEL049B

Title: **Request for Instrument Rating Examiner**

Page 1 of 2

| SN | Preliminary Information: | | | |
|----|---|--|--|------------------|
| 1 | Name of Applicant/Operator | | | |
| 2 | Address of Applicant/Operator (Include Phone numbers and Email Address) | | | |
| 3 | Name of Examinee | | | |
| 4 | Type of License held: | | License Number: | |
| 5 | *Initial application/Renewal Application: | | RENEWAL | Type of Aircraft |
| 6 | *Last IR Date: | | *Date of Expiry of IR: | |
| 7 | Name and Address of ATO (if the IR test will be done on the Simulator) | | | |
| 8 | Tick as appropriate <input type="checkbox"/> I have made relevant payments. <input type="checkbox"/> I have a current flying Experience. <input type="checkbox"/> I hold a valid medical certificate | | <input type="checkbox"/> My ELP is valid <input type="checkbox"/> I declare all information filled in this form are correct | |
| 9 | Documents to be attached with: | | i. Copy of Medical certificate class1/2 ii. Recency (Last three pages of personal flying logbook) | |
| 10 | Applicant Signature: | | Date: | |

FOR OFFICIAL USE ONLY

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|----|--|--|------|--|
| 11 | Name and Address of Examiner assigned. | | | |
| 12 | Authorized by (Officers Name) | | Date | |



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|----|-----------|--|---|
| 13 | Title | | Tanzania Civil Aviation Authority |
| 14 | Signature | | P O Box 2819 Dar es Salaam – Tanzania tcaa@tcaa.go.tz , pel@tcaa.go.tz , www.tcaa.go.tz |