

TANZANIA CIVIL AVIATION AUTHORITY



APPLICATION FOR APPROVAL OF OPERATOR'S TRAINING PILOT AND PROFICIENCY/ROUTE EXAMINER

1. PARTICULARS OF ORGANIZATION	
(a) Name/Title in full:	
(b) Permanent Address:	
(c) Telephone:	
(d) Fax:	
(e) E-mail:	
(f) Physical Address:	
2. PARTICULARS OF THE APPLICANT PILOT	
(a) Name:	Cell phone No:
(b) Licence number:	
(c) Total Flying hours:	
(d) Flying hours on type:	
(e) Validity of instrument rating:	
(f) Total instrument flying hours:	
(g) Pilot's recency on the type:	
(h) Pilot's last proficiency on the type:	
3. PROGRAMMED DATE AND TIME FOR THE OBSERVATION OF THE APPLICANT PILOT:	

4. DECLARATION AND SIGNATURE

I/We request that Captain _____ be approved as our training and examiner pilot and I/We certify that the particulars given by me/us in this form are true to the best of my/our knowledge and that the applicant has successfully completed an in-house training as detailed in company Operations Manual.

Signature with company seal _____ Date: _____

Note: The operator shall arrange for the observation of the applicant training pilot and/or proficiency/route examiner in the aircraft or a simulator.