



TANZANIA CIVIL AVIATION AUTHORITY INSTRUMENT RATING APPLICATION FORM

IMPORTANT INFORMATION FOR APPLICANTS

Please be guided with Advisory Circular TCAA-AC-PEL005A of March 2013 regarding issue and renewal of an instrument rating.

The purpose of this Advisory Circular is to provide guidance, information and procedures required to be followed in applying for issue and renewal of an Instrument Rating (IR) under the Civil Aviation (Personnel Licensing) Regulations 2011 as amended. We reserve the right to reject applications that are incomplete.

Please enter a cross (x) on appropriate boxes and enter details as required.

SECTION A: APPLICANT DETAILS

Applicant Details as per Birth Certificate / Passport:

Family Name: _____

Given Names: _____

Date of Birth(DD/MM/YYYY): _____

Mobile Phone Number: _____

SECTION B: APPLICATION TYPE

B1. Initial issue of an Instrument Rating (Skip C2)

B2. Initial Issue of a Multi-Engine Instrument Rating (where a Single-Engine instrument rating in aircraft category held)

B3. Renewal of an Instrument Rating

B4. Renewal of Instrument Rating - expired more than 12 months but less than 24 months (test conducted as Initial issue)

SECTION C: QUALIFICATION DETAILS		
C1. Personal Details		
License Type PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/>		Medical Class Class I <input type="checkbox"/> Class II <input type="checkbox"/>
Place of Medical Examination		Date of Medical Examination
Doctor's Name	Expiry Date of Medical	Expiry Date of Instrument Rating

C2. Last Instrument Rating Flight Test (<input type="checkbox"/> Renewal <input type="checkbox"/> Initial Issue)	
Category	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter
Grade	<input type="checkbox"/> Single Engine (S/E) <input type="checkbox"/> Multi Engine (M/E) <input type="checkbox"/> Command <input type="checkbox"/> Co-Pilot
Nav Aids Used	<input type="checkbox"/> NDB <input type="checkbox"/> VOR <input type="checkbox"/> ILS <input type="checkbox"/> LLZ <input type="checkbox"/> RNAV (GNSS)
Results of the Test	<input type="checkbox"/> PASSED <input type="checkbox"/> PARTIAL FAILED <input type="checkbox"/> FAILED

C3. Privileges Requested in this Application		
Preferred location: <input type="checkbox"/> HTDA <input type="checkbox"/> HTKJ Preferred Date: <input type="text"/>		
Attempt Number I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	License Number:	Aircraft/Simulator Reg:
Category	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter	
Grade	<input type="checkbox"/> Single Engine (S/E) <input type="checkbox"/> Multi Engine (M/E) <input type="checkbox"/> Command <input type="checkbox"/> Co-Pilot	

SECTION D: APPLICANT CHECKLIST	
<input type="checkbox"/>	I am Instrument Rated and/or I have undergone approved Instrument Rating training from an Approved Training Organization (local or foreign).
<input type="checkbox"/>	I have made payment to the Authority regarding this application
<input type="checkbox"/>	I hold a current Tanzania CAA Medical Certificate
<input type="checkbox"/>	I hold a current English Language Proficiency Certificate
<input type="checkbox"/>	All sections of the form are completed and I have signed the application declaration.

SECTION E: APPLICANT DECLARATION		
<p>I hereby certify that all statements in this application including section D, are true and correct in every particular and that I have read and understood all regulatory references. I consent to TCAA using and disclosing my personal information in accordance with TCAA's privacy. I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false statement is an offence against Tanzania laws.</p>		
Signature:	Date:	(DD/MM/YYYY)

SECTION F: FOR TCAA OFFICIAL USE ONLY:		
FEES PAID:	RECEIPT NUMBER:	PELO NAMES & SIGNATURE:
<p>I hereby certify that all statements in this application have been cross checked and meets all the TCAA requirements as per current regulations.</p>		
Signature:	Date:	(DD/MM/YYYY)

SECTION G: FOR FLIGHT OPERATIONS INSPECTOR USE ONLY:		
FEEES PAID:	RECEIPT NUMBER:	IRE NAMES:
IRE AUTHORIZATION & CURRENCY VALIDITY		
VALID TO:		(DD/MM/YYYY)
DATE OF THE TEST:		
I hereby certify that all statements in this application have been cross checked and meets all the TCAA requirements as per current regulations.		
Signature:	Date:	(DD/MM/YYYY)