

	TANZANIA CIVIL AVIATION AUTHORITY	Revision: 0
Document No. TCAA/FRM/SR/AGA-18	FORMAL TRAINING RECORD OF AERODROME INSPECTORS	Page 1 of 2

1. TRAINEE BIODATA

NAME OF TRAINEE:
DESIGNATION:
DATE OF BIRTH:
GENDER:
DUTIES AND RESPONSIBILITIES:

2. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

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3. SUMMARY OF TRAINING RECORD*

SN	Training Title	Conducted by	Date Attended

- **Note:** Attach verifiable participation/attendance certificates and other related documentation

This is a controlled document	Issued on: May 2024
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4. COMPLIANCE ASSESSMENT WITH THE ITS FORMAL TRAINING PROFILE**

S/N	Job function	AGA ITS Task Number	Duty	Date Accomplished (assess course modules)	Name of Assessor/Instructor

****Note: to be conducted by the supervisor based on evidence formal course type and module undertake**

5. AUTHENTICATION OF FORMAL TRAINING RECORD

NAME OF AUTHENTICATION AUTHORITY:
DESIGNATION:
DATE OF AUTHENTICATION:
SIGNATURE AND OFFICIAL STAMP: