



**TANZANIA CIVIL AVIATION
AUTHORITY**

DIRECTORATE OF SAFETY
REGULATIONS FLIGHT
OPERATIONS

Revision: 1

Form

Document No. **FORM**
TCAA-AC-OPS034A

Title: **Dangerous goods transport
by air approval- application**

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To be completed by an applicant requesting Dangerous Goods Transport by Air Approval.

Section 1A: General

Name and mailing address of company (include
business name if different from company name).

Address of the principal (main) base where
operations will be conducted.

Application Information

Initial

Renewal

Designated Person with overall responsibility for operator's policy for Dangerous Goods Transport by Air

Name (Surname/First/Middle).	Title.	Telephone (include mobile) & address (if different from company) include country code.

Section 1B: Acceptance Procedures

Does the Operator conduct own acceptance checks Yes No

If "NO" give agent(s) Name, Address and Contact Number;

Specify Airport(s) of Acceptance:



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Does the Operator conduct any acceptance checks for any other operator Yes No
If "YES" give name(s) of Operator(s)

Section 1C: Dangerous Goods Operations

Classes of Dangerous Goods to be transported (Tick as applicable)

- | | | |
|----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CLASS 1 | <input type="checkbox"/> CLASS 4 | <input type="checkbox"/> DIVISION 6.2 |
| <input type="checkbox"/> CLASS 2 | <input type="checkbox"/> CLASS 5 | <input type="checkbox"/> CLASS 7 |
| <input type="checkbox"/> CLASS 3 | <input type="checkbox"/> DIVISION 6.1 | <input type="checkbox"/> CLASS 8 |
| | | <input type="checkbox"/> CLASS 9 |

Type of Operation (Tick as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Medical Evacuation Operations |
| <input type="checkbox"/> Helicopter | <input type="checkbox"/> Charter Operation |
| <input type="checkbox"/> Passenger and Cargo | <input type="checkbox"/> Scheduled Passenger and Cargo Operations |
| <input type="checkbox"/> Cargo Aircraft Only | |

Section 1D: Loading, Unloading and Storing

Is the aircraft loaded by the staff of the operator? Yes No
If "NO" give agent(s) Name, Address and Contact Number;

Specify places of Loading, Unloading and Storing

Section 1E: Provision of Information

Is written information provided to the Pilot in Command by the Operator? Yes No
If "NO", specify who provides this information (name, address & contact number)



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Section 1F: Training

(a) Training for staff of the operator is carried out by: (Tick as applicable)

- Operator
- Other Organisation

Name of Organisation:

Categories of staff to whom such training has been given (e.g. cargo staff, passenger handling staff) and
Category of Training Undertaken

Staff	Dangerous Goods Training Category

13 (b) Is the Dangerous Goods Training Program(s) Approved by the Authority Yes No

Attach Copies of Approval Certificates

Does the Operator Contract Handling Agents for Cargo and/or Passenger Handling?

Passenger Yes No Cargo Yes No

If "YES" is the Dangerous Goods Training Program(s) of the Agents approved by the Authority

Yes No

Attach Copies of Approval Certificates

Section 1G. Other Information

15. Data for Aircraft used for operations (For foreign registered aircraft, please provide a copy of the lease agreement).

16. Geographic areas of intended operations and proposed route structure.



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Numbers and types of aircraft
(By make, model, and series).

Number of passenger
seats or cargo payload
capacity.

17. The statement and information contained on this form denotes an intention to apply for Dangerous Goods Transport by Air Approval

Type of Organisation:

Name and Title:

Signature:

Date(day/month/year):

Section 2. To be completed by Director Safety Regulation.

Received by (Name and Title):

Signature:

Date (day/month/year).

Date forwarded to the Chief Flight Operations Inspector (day/month/year):

For: Action Information only.

Section 3. To be completed by the Chief Flight Operations Inspector.

Assigned Dangerous Goods Inspector:

Date(day/month/year):

Signature:

Remarks:

Section 4. To be completed by the Dangerous Goods Inspector

Date received (day/month/year):

FORM Accepted Rejected

Remarks:

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APPENDIX 1

INSTRUCTIONS FOR COMPLETING AUTHORITY DANGEROUS GOODS TRANSPORT BY AIR APPROVAL-APPLICATION FORM

(To be Completed by an Applicant for Dangerous Goods Transport by Air Approval)

SECTION 1A: General

Enter the company's official name and mailing address. Include any other business name if different from the company name).

Provide the address of the main base of operations. It is where the offices of management required by regulation are located. If the address is the same as in item 1, enter "same." State secondary business addresses (if applicable) of operation and identify the type of operation conducted at each address.

Enter application information if Initial or Renewal. Renewal of Dangerous Goods approval will be done annually after the initial issue.

Enter the name, title, and telephone number of designated operator personnel with overall responsibility for the carriage of dangerous goods. The person should have sufficient authority to effect change, manual amendments and implement policies as required.

SECTION 1B: Acceptance Procedures

Indicate if the applicant for Dangerous Goods Transport by Air Approval conducts their own checks. Check applicable box. If acceptance checks are performed by an agent(s) list all agents.

Specify all airports that acceptance of dangerous goods is carried out.

Indicate if the applicant conducts any acceptance checks for any other operator. Check the applicable box. If 'YES' list name(s) of operator(s).

Section 1C. Dangerous Goods Operations

Indicate classes of Dangerous Goods to be transported by the operator. Check all applicable boxes.

The type of operation shall be indicated. Check as many boxes as applicable.

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SECTION 1D: *Loading, Unloading and Storage*

Indicate if loading is done by the Applicant’s personnel. If ‘NO’ give agent(s) name address and contact number

Indicate places of Loading Unloading and Storage of Dangerous Goods

SECTION 1E: *Provision of Information*

Indicate if written information is provided to the Pilot in Command (NOTOC) by the Operator. If ‘NO’ specify who provides this information by giving the name address and contact number.

SECTION 1F: *Training*

(a) Indicate who conducts training for the applicant. If training is conducted by another organisation other than the applicant indicate name of organisation. Indicate categories of the staff trained and the category of Dangerous Goods done.

(b) Indicate if Dangerous Goods training done by the applicant is approved by the Authority. Attach copies of approval certificates.

Indicate whether the Applicant contracts handling agents for passenger and cargo. Check applicable boxes. If ‘YES’ indicate whether the contracted agents Dangerous Goods training programme is approved by the Authority. Attach copies of the approval certificates.

SECTION 1F: *Other Information*

To be filled by applicant showing Data for Aircraft used for Operations. Indicate number and types of aircraft by make, model, series, and number of passenger seats or cargo payload capacity. For foreign registered aircraft, provide a copy of the lease agreement.

Indicate geographic areas of intended operation and proposed route structure.

Type of Organisation should be indicated on the form. The Accountable Manager must sign the Application Form. If the Form is signed by another individual who is not the Accountable Manager, the Accountable Manager must submit with the Form a letter authorizing the signatory to sign on his behalf.

SECTIONS 2: *For Authority use*

	<p style="text-align: center;">TANZANIA CIVIL AVIATION AUTHORITY</p> <p style="text-align: center;">DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS</p>	<p style="text-align: right;">Revision: 1</p> <p style="text-align: center;">Form</p>
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The prospective applicant must submit this form to the Authority with an accompanying cover letter. Upon receipt of the form the fields in this section are filled out by the Authority. The form is then forwarded to Manager Flight Operations

SECTIONS 3: *For Authority use*

Upon receipt of the form the Manger Flight Operations will fill out the fields in this section. He will assign the Dangerous Goods Inspector and forward the form to him for his review and action.

SECTION 4. *For Authority use*

Upon receipt the Dangerous Goods Inspector assigned shall review the form and take necessary action