

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS FLIGHT OPERATIONS	Revision: 1 Form
Document No. TCAA- FORM-AC-OPS044A	Title: NOMINATION FOR OPERATOR DESIGNATED CABIN CREWINSTRUCTOR/ EXAMINER	Page 1 of 9

1. Name of the Air Operator	
2. Name and designation of the person recommending the nomination (Name of Accountable Manager)	
3. Name of the Nominee and Licence Number	
<p>Authorization requested as an Instructor to: <i>(Check Yes for each authority requested)</i></p> <p>Conduct: (a) Safety equipment theory & practical- drills Yes <input type="checkbox"/></p> <p style="margin-left: 40px;">a) Safety equipment <input type="checkbox"/> Yes</p> <p style="margin-left: 80px;">practical- drills</p> <p style="margin-left: 40px;">a) Line check <input type="checkbox"/> Yes</p> <p style="margin-left: 40px;">b) Familiarisation flights <input type="checkbox"/> Yes</p> <p style="margin-left: 40px;">c) Cabin crew Instructor proficiency check</p>	



**TANZANIA CIVIL AVIATION
AUTHORITY**

DIRECTORATE OF SAFETY
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d) Cbin creww proficiency checks

(b) Aircraft type training

Yes

(c) Familiarisation flights

Yes


(d) Dangerous Goods Training

Yes

(e) etc.

On the following aircraft types

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4. Experience

The nominee is suitable and meets all the criteria listed below.
 Qualifications:

	<i>*Tick Appropriately</i>
has a thorough knowledge of the company operations manual, cabin crew manual and applicable aircraft manuals;	<input type="checkbox"/>
has completed the company's ground and flight training programme on the aircraft type for the requested authorisation;	<input type="checkbox"/>
has been employed by the Air Operator as a senior cabin crew member / purser for at least three years on type and has accumulated relevant experience on the routes operated by the company;	<input type="checkbox"/>
Is fully competent as Senior cabin crew member / purser for the aircraft types for which approval has been requested and has demonstrated this competency during training and checks;	<input type="checkbox"/>
has completed a Cabin Crew Instructor Course as per the approved operators training program.	<input type="checkbox"/>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 2px;">Completion Date (DD/MM/YY)</div> <div style="width: 45%; border-top: 1px solid black; padding-top: 2px;">Course Location</div> </div>	

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<p>5. Attach a resume of the nominee with relevant details including; <i>Note: Fill applicable section only</i></p>	<p>Instructor Initial Required documents:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 80%;">Completed CAA nomination form</td> <td style="width: 20%; text-align: center;"><i>*Tick appropriately</i> <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Copies of records to prove training conducted (Ground and Flight as per CARs)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of valid Certificate showing type rating</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of valid medical certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Candidates CV indicating aeronautical experience</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 80%;">Instructor Renewal Minimum Required documents:</td> <td style="width: 20%; text-align: center;"><i>*Tick appropriately</i></td> </tr> <tr> <td>Copies of valid Certificate showing type rating</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Copies of valid medical certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Completed CAA nomination form</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Completed cabin crew check activity report (from the operator)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Instructor Renewal Minimum Required documents:</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Completed CAA nomination form	<i>*Tick appropriately</i> <input type="checkbox"/>	Copies of records to prove training conducted (Ground and Flight as per CARs)	<input type="checkbox"/>	Copies of valid Certificate showing type rating	<input type="checkbox"/>	Copies of valid medical certificate	<input type="checkbox"/>	Candidates CV indicating aeronautical experience	<input type="checkbox"/>			Instructor Renewal Minimum Required documents:	<i>*Tick appropriately</i>	Copies of valid Certificate showing type rating	<input type="checkbox"/>	Copies of valid medical certificate	<input type="checkbox"/>	Completed CAA nomination form	<input type="checkbox"/>	Completed cabin crew check activity report (from the operator)	<input type="checkbox"/>	Instructor Renewal Minimum Required documents:	<input type="checkbox"/>
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<p>6. Date of Last training conducted.</p>	
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7. Signature Block

I certify that:

_____ has acted as Senior cabin crew member/purser on the following aircraft types and meets all of the previous requirements.

Types				
Experience (duration)				

The nominee's background, character and motivation are suitable to hold this position.
 The nominee meets the qualification requirements outlined CAA-AC-OPS049A

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Inspector Verification and Recommendation

_____ (nominee's name)

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
has been briefed the verification criteria	<input type="checkbox"/>	<input type="checkbox"/>
has completed at least one monitored training; and	<input type="checkbox"/>	<input type="checkbox"/>
qualifications have been verified and meet the requirements as per the CAA- AC-OPS049	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation: Recommended: Yes No

Inspector's Signature	(Date: DD/MM/YY)	Manager Flight Safety Standards (MFSS)	(Date: DD/MM/YY)
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Check Applicable Box(es)

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Amendment
<input type="checkbox"/> Renewal	

Post-holder Flight Ops Signature (Date: DD/MM/YY)

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I certify that the foregoing information is true and accurate.

 Nominee's Signature

 (Date: DD/MM/YY)

Note: *This nomination shall be accompanied by a resume (Please type or print) of the nominee's aviation background, qualifications and other experience which would support approval as a an Instructoer.*