

	<b>TANZANIA CIVIL AVIATION AUTHORITY</b> DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision:0 <b>Form</b>
Document No.: <b>TCAA -FRM-SR-PEL054</b>	<b>Title:</b> Lapsed Cabin crew Renewal application form	<b>Page 1 of 1</b>

SN	PRELIMINARY INFORMATION:		
1	Surname:	First Name	
2	Date of Birth:	Place of birth:	
3	Nationality:		
4	Category/rating(s) held:		
5	Cabin Crew Certificate Number	Certificate expired date:	
6	Postal address:	Employer/AMO:	
7	Contact details:	Email address	
8	Last duty performed as Cabin Crew:		
9	<b>LAPSED PERIOD (Tick as appropriate)</b>		
	Less than 1 year	<input type="checkbox"/>	More than 1 year <input type="checkbox"/>
10	<b>RENEWAL REQUIREMENTS (APPLICANT TO ACKNOWLEDGE)</b>		
	Undertake recurrency training at an ATO	<input type="checkbox"/>	
	Submit recurrency training report to the Authority	<input type="checkbox"/>	
	Meet other normal renewal requirements	<input type="checkbox"/>	
11	<b>REQUIRED DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION</b>		
	i. Copy of expired Cabin Crew certificate		
	ii. Recurrency training report from ATO		
	iii. Medical certificate		
12	<b>DECLARATION</b>		
	I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.		
	NAME	SIGNATURE	DATE
<b>OFFICIAL USE ONLY</b>			
13	Remarks: The application (Accepted/ Rejected)		
14	Name of PEL Officer/Inspector.		
15	Date		
16	Signature		