





**TANZANIA CIVIL AVIATION AUTHORITY**  
DIRECTORATE OF SAFETY REGULATIONS  
PERSONNEL LICENSING

Revision: 0

**Form**

Document No.:  
**TCAA -FRM-SR-PEL42**

Title: **Addition of Cabin Crew Type Rating Training Report**

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D	PRACTICAL TRAINING:		
	COURSE CONTENTS:	ASSESSMENT	
		COMPLETED	NOT COMPLETED
<b>INSTRUCTOR'S DECLARATION:</b>			
Name of Instructor:		Certificate/Licence Number:	
Signature:		Date:	
<b>HEAD OF TRAINING COMMENTS:</b>			
Name:			
Signature:		Date:	