

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision: 3 Form
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FORM OF DISCONTINUANCE

Applicant Information		
Name of Applicant:		Age:
Address of Applicant:		
Phone Number:		
Email Address:		
Date of Birth:	Gender: Male / Female	
Nationality:		
Type of Licence held:	Licence Number:	
Name of Employer:		
Medical Validity:		
Description		
(i)	On this date you successfully completed the oral/practical portion of the skill test for a _____ Licence/Rating	
(ii)	The skill test was discontinued because of: (Give reasons)	
(iii)	Portions of the skill test which have been completed satisfactorily.	(Indicate portions completed here)
(iv)	Indicate expiration date, that the candidate may repeat the entire skill test.	(Indicate here)
(v)	Remarks: The information provided in this form does not extend the expiration date as shown on the knowledge test results, medical certificate or required endorsements.	
Examiner Endorsement		
(vi)	Name of Examiner:	Signature
		Date:
(vii)	Licence Number:	