This form is made pursuant to Inspectors Credentials Control Order No. **TCAA/O/CS/26**

SECTION A: APPLICANT INFORMATION

Full Name: .....

Job Title: .....

Section: .....

Employee Number: .....

Phone Number: .....

Email: .....

Safety Induction Course Completed: ☐ Yes ☐ No

SECTION B: APPLICATION TYPE

☐ New Credential

☐ Renewal

☐ Replacement (Reason: .....)

SECTION C: APPLICANT DECLARATION

I confirm that the information provided is correct. I understand the credential remains TCAA property and must be returned when required.

Staff Signature: ..... **Date:**.....

SECTION D: ENDORSEMENTS

PART I: Comments (If Any) .....

Signature: ..... Date:..... (To be filled by respective Chief)

PART II: Comments (If Any) .....

Signature: ..... Date:..... (To be filled by Director Safety Regulation)

PART III: Comments (If Any) .....

Signature: ..... Date:..... (To be filled by Director Corporate Services)

SECTION E: APPROVAL (To be filled by Director General)

Recommendation is ..... (**Approved /Not Approved)**

Comments (If Any): .....

Name ..... Signature: ..... Date:.....