TCAA	TANZANIA CIVIL AVIATION AUTHORITY	Revision: 0
Document No: TCAA/FRM/CS/35	**Title:** Working Tools Receipt Acknowledgement Form	**Page 1 of 1**

This form is made pursuant to Inspectors Working Facilities Allocation Order No. **TCAA/O/CS/28**

SECTION A: STAFF INFORMATION

Full Name ..... Position..... PF No.....

Directorate ..... Section .....

SECTION B: ITEMS ISSUED

Item Description	Serial Number (If Any)	Condition (New/Used)	Date Issued
Laptop			
Desktop			
Safety Boots			
Reflector Vest/Jacket			
Other (Specify)			

SECTION C: STAFF DECLARATION

I, the undersigned, acknowledge receipt of the above-listed item(s) issued to me for official and personal use in the performance of my duties at the Tanzania Civil Aviation Authority (TCAA). I understand and agree to the following:

a) I am responsible for the proper use, care, and security of the issued item(s).

b) I will not transfer, loan, or modify the item(s) without authorization.

c) I will immediately report any loss, theft, or damage to the relevant authority.

d) Upon resignation, transfer, or termination of my role, I shall return the item(s) in good working condition or provide justification where applicable.

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

To be filled by Issuing Office:

Name..... **Position**..... **Signature:**..... **Date:**.....