



**APPLICATION FOR THE INSPECTION AND APPROVAL
OF A TRAINING ORGANISATION (CABIN CREW)**

1. AIR OPERATOR

a) Name (in whose name the aircraft is registered)	a)
b) Address	b)
c) Telephone and fax Nos:	c)
d) Aircraft Type and Variant for which the training organisation/simulator is to be used	d)
e) Proposed type of training for Cabin Crew	e)

2. TRAINING ORGANISATION/CENTRE

a) Name of Training Organisation/Centre	a)
b) Address	b)
c) Name of and designation of contact person	c)
d) Telephone and fax Nos:	d)

3. FLIGHT SIMULATOR/TRAINING DEVICE

a) Simulator/Training Device	a)
b) Aircraft Mock up	b)
c) CAA/FAA and Operator's ID Nos.	c)
d) Location	d)
e) Maintained by	e)

4. APPROVAL DOCUMENTS (Attach copies)

a) Training Organisation/Centre Approval	a)
b) Initial Course Approval (Cabin Crew)	b)
c) Training Program and Approval	c)

5. PROPOSED INSPECTION

a) Proposed date(s) for the inspection	a)
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I/We propose to include and utilise the above-mentioned Training Organisation and/or* training device for the training of our cabin crew. I/We apply for the inspection of the above training device and the Training Organisation/Centre by the CAA. I/We undertake to bear the expenses required for the inspection by the CAA Inspector(s) for their travel in appropriate class, accommodation and allowances for that purpose.

Signature Date

Name (Block letters) Position Held

* Delete which is not applicable