

## Flight Operations Standards Department

## Flight Crew Licensing & Training Section – Flying Training Organizations FTOs/TRTOs Chief of Flying Instructors Approval Application Form

Appendix 1(a) to JCAR-FCL 1.055 Point 14Point 15

## A. FOR APPLICANT USE ONLY.

| 1   | Operator Name   |                                      |             |     |    |
|---|---|--------------------------------------|-------------|-----|----|
| 2   | Naminated Tunining Post holder Name   | □ FTO                                | □ TRTO      |     |    |
|   | Nominated Training Post holder Name   | F10                                  | I IKIU      |     |    |
| 3   | *Qualifications Relevant to Training Post   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
| 4   | *Work Experience Relevant to Training Post  |                                      |             |     |    |
| _   | Work Experience Relevant to Training Fost   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   |                                      | . 0 1 . 1   |     |    |
| 5   | Nominated Training Post Holder. I hereby declare that the info  |                                      | •           |     |    |
|   | Name  | Signature                            | Date        |     |    |
|   |   |                                      |             |     |    |
| 6   | Accountable Manager. I hereby declare that the applicant is no  | minated for Training Post            |             |     |    |
|   | Name Signature Da   |                                      |             |     |    |
|   |   |                                      |             |     |    |
| <b>B.</b> ]   | FOR CARC USE ONLY.  |                                      |             |     |    |
| 1   | Requirements  |                                      |             | YES | NO |
| a   | Hold the highest professional pilot license related to the flying training courses conducted  |                                      |             |     |    |
| b   | Hold the rating(s) related to the flying training courses conducted   |                                      |             |     |    |
| С   | Hold a flight instructor rating for at least one of the types of airplane used on the course; and   |                                      |             |     |    |
| d   | d Have completed (1000) hours pilot in command flight time of which a minimum of (500) hours shall be on flying instructional duties related to the flying courses conducted of which (200) hours may be instrument ground time |                                      |             |     |    |
| d   | Comprehensive knowledge of:   | iich (200) nours may be instrument g | ground time |     |    |
| u   | JCAR FCL 1  |                                      |             |     |    |
|   | Organization Operations Manual  |                                      |             |     |    |
|   | Organization Training Manual  |                                      |             |     |    |
| е   | Familiarity knowledge of:   |                                      |             |     |    |
|   | Quality System  |                                      |             |     |    |
|   | Safety Management System  |                                      |             |     |    |
|   | , , ,   |                                      | 1           | u u |    |
| 2 Nominated Training Post Holder   Approved  Rejected |   |                                      |             |     |    |
| • R   | Remarks (if rejected only).   | PF                                   |             |     |    |
|   | · • • • · • · • · • · • · • · • · • · •   |                                      |             |     |    |
|   |   |                                      |             |     |    |
|   |   | <u> </u>                             |             |     |    |
|   |   |                                      |             |     |    |
|   | Approving Flight Crew Licensing Inspector Name  | Signature                            | Date        |     |    |

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<sup>\*</sup>Attach copy of relevant certificate