

Flight Operations Standards Department

Flight Crew Licensing & Training Section – Theoretical Training Organization TTOs Quality Manager Acceptance Application Form

A. FOR APPLICANT USE ONLY

1	Operator Name					
2	Type of Training					
3	Nominated Quality Manager Name					
4	*Qualifications					
5	*Work Experience					
	TE CONTROL OF THE CON					
6	Training Relevant to Quality System					
7	7 Naminated Onelite Manager I handred along that the information aircrait this form is true around the around the					
/	7 Nominated Quality Manager. I hereby declare that the information given in this form is true, correct & completed. Name Signature Date					
	ivame	Signature	Date			
7	7 Accountable Manager. I hereby declare that the applicant is nominated as Quality Manager					
	Name	Signature	Date			
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B. FOR CARC USE ONLY

1	Quality Manager Requirements	YES	NO			
a	Three years aeronautical industry work experience of which at least one year should be in aviation training					
	organization					
b	Has received quality training covering:					
	An introduction to the concept of the quality system					
	Quality management					
	• The concept of quality assurance					
	Quality manuals					
	Audit techniques					
	Reporting and recording					
	• The way in which the quality system will function in the company					
c	Familiarity with knowledge of:					
	JCARs and advisory circulars related to the theoretical training					
	Organization training manual					
d	Comprehensive knowledge of aviation training organization quality system & quality manual, to include					
	Quality policy and strategy					
	Quality system responsibilities					
	Purpose of the quality system					
	• The primary role of the quality manager					
	Quality system scope operations					
	Quality system feedback system					
	Quality assurance program					
	Quality assurance responsibility for sub-contractors					
	Quality system training					

CARC Form 28 - 4221 Page 1 of 2



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2	Nominated Quality Manager Approval	☐ Accepted	☐ Rejected				
• F	• Remarks (if rejected only).						
	Approving Inspector Name	Signature	Date				

CARC Form 28 - 4221 Page 2 of 2

^{*}Attach copy of relevant certificate