

Flight Operations Standards Department

Flight Crew Licensing & Training Section - Flying Training Organizations FTOs/TRTOs Quality Manager Acceptance Application Form

IEM No. I to JCAR-FCL 1.055

A. FOR APPLICANT USE ONLY

1	Operator Name					
2	Nominated Quality Manager Name					
3	*Qualifications					
4	*Work Experience					
5	Training Relevant to Quality System					
6	6 Nominated Quality Manager. I hereby declare that the information given in this form is true, correct & completed.					
	Name	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	Practical experience and expertise in the application of aviation safety standards and safe operating practices				
b	Three years aeronautical industry work experience of which at least one year should be in aviation training				
	organization				
c	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				
d	Familiarity with knowledge of:				
	• JCAR-FCL 1 and any associated requirements and procedures				
	Organization Operations Manual				
	Organization Training Manual				
	Safety Management System				
e	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 six 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				

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

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^{*}Attach copy of relevant certificate