

**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)
<p>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.</p> <p>Signature</p> <p>Date</p> <p>Name (Block letters)..... Position Held</p> <p>* Delete which is not applicable</p>	