

## HEAD OF TRAINING ACCEPTANCE APPLICATION FORM

### GACAR PART-142

#### A. FOR APPLICANT USE ONLY

#### 1. Training Center/Organization information

a	Training Center/Organization Name	
b	Address	
c	Contact Number	
d	Email Address	

#### 2. Applicant (Nominated Head of Training) information

a.	Nominated Head of Training Name	
b.	ID/Passport Number	
c.	ATPL Number	
d.	Contact Number	
e.	Email Address	

#### 3. Applicant (Nominated Head of Training) Qualifications

Qualifications Relevant to Head of Training Post (e.g. License (s), type/class ratings, instructor rating(s), Diploma, etc.)

a	
b	
c	
d	
e	
f	
g	

#### 4. Applicant (Nominated Head of Training) Experience

Work Experience Relevant to Head of Training Post

a	
b	
c	
d	
e	
f	

#### 5. Training Center/Organization Declaration.

##### a Declaration By Nominated Post Holder

I hereby declare that the information given in this form is true, correct and completed.

Name	Signature	Date

##### b Certification By Accountable Manager

I hereby declare that the applicant is nominated for head of Training Post

Name	Signature	Date

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#### B. HEAD OF TRAINING REQUIREMENTS

Head of Training (HT) Requirements		YES	NO
a	The nominated HT shall have extensive experience, at least 3 years' experience, in training as a Pilot Instructor and at least one year experience in evaluation as an Evaluator/Examiner for professional pilot license and/or associated ratings;	<input type="checkbox"/>	<input type="checkbox"/>
b	Hold or has held a professional pilot license, at least Airline Transport Pilot license, and associated rating(s) issued in accordance with GACA or at least by ICAO Contracting State (ICAO Annex 1);	<input type="checkbox"/>	<input type="checkbox"/>
c	Hold at least one aircraft type rating related to the flight training courses/Curriculum that provided by the concerned training Center;	<input type="checkbox"/>	<input type="checkbox"/>
d	Managerial experience in Aviation is preferable	<input type="checkbox"/>	<input type="checkbox"/>
e	Basic training in Safety Management System, if required	<input type="checkbox"/>	<input type="checkbox"/>
f	Possess a sound managerial capability	<input type="checkbox"/>	<input type="checkbox"/>
g	Comprehensive knowledge of:	<input type="checkbox"/>	<input type="checkbox"/>
	GACARs 142, 61, 60, 183, 121, 125, 135 and any other applicable GACA regulations	<input type="checkbox"/>	<input type="checkbox"/>
	EBOOK V3, V4, V12, V14, V9 and any other applicable GACA regulations	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Training Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>
h	Organization Safety manual, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
	General knowledge of the Organization:	<input type="checkbox"/>	<input type="checkbox"/>
	Quality System	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Management System, if applicable	<input type="checkbox"/>	<input type="checkbox"/>

#### C. FOR GACA USE ONLY

Head of Training (HT) Requirements		YES	NO
a	The nominated HT shall have extensive experience, at least 3 years' experience, in training as a Pilot Instructor and at least one year experience in evaluation as an Evaluator/Examiner for professional pilot license and/or associated ratings;	<input type="checkbox"/>	<input type="checkbox"/>
b	Hold or has held a professional pilot license, at least Airline Transport Pilot license, and associated rating(s) issued in accordance with GACA or at least by ICAO Contracting State (ICAO Annex 1);	<input type="checkbox"/>	<input type="checkbox"/>
c	Hold at least one aircraft type rating related to the flight training courses/Curriculum that provided by the concerned training Center;	<input type="checkbox"/>	<input type="checkbox"/>
d	Managerial experience in Aviation is preferable	<input type="checkbox"/>	<input type="checkbox"/>
e	Basic training in Safety Management System, if required	<input type="checkbox"/>	<input type="checkbox"/>
f	Possess a sound managerial capability	<input type="checkbox"/>	<input type="checkbox"/>
g	Comprehensive knowledge of:	<input type="checkbox"/>	<input type="checkbox"/>
	GACARs 142, 61, 60, 183, 121, 125, 135 and any other applicable GACA regulations	<input type="checkbox"/>	<input type="checkbox"/>
	EBOOK V3, V4, V12, V14, V9 and any other applicable GACA regulations	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Training Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>
h	Organization Safety manual, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
	General knowledge of the Organization:	<input type="checkbox"/>	<input type="checkbox"/>

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	Quality System	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Management System, if applicable	<input type="checkbox"/>	<input type="checkbox"/>

Nominated Flight Operations Post Holder	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
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Remarks (if rejected only)

Aviation Safety Inspector Name	Signature	Date

#### **Supporting Documents**

1. This application form
2. Training Center/Organization nomination official letter
3. Copy of Applicant (Nominee) C.V
4. Copy of applicant License(s), Ratings, certificates, etc.
5. Prof of relevant experience
6. Copy of passport/ID
7. One personal photo