

## APPLICATION FOR ACCEPTANCE OF QUALITY MANAGER

### GACAR PART-143

#### A. FOR APPLICANT USE ONLY

1	Training Organization/Operator Name	
2	Nominated Quality Manager Name	
3	Nominated Quality Manager Email Address	
4	Nominated Quality Manager Contact Number	
5	*Qualifications	
6	*Work Experience	
7	Training Relevant to Quality System	
8	Declaration By Nominated Quality Manager	
I hereby declare that the information given in this form is true, correct & complete		
	Name	Signature      Date
9	Certification By Accountable Manager	
I hereby declare that the applicant is nominated as Quality Manager for Training Center Name		
	Name	Signature      Date

#### B. FOR APPLICANT USE

B. FOR APPLICANT USE		COMPLIANCE	
		YES	NO
1	Quality Manager Requirements fulfilled	<input type="checkbox"/>	<input type="checkbox"/>
a	Practical experience and expertise in aviation safety standards and Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
b	Three years' experience in aviation industry of which at least one year should be in aviation training organization	<input type="checkbox"/>	<input type="checkbox"/>
c	Applicant is not a part of any other system of the concerned Training Center Organization (considering the complexity of the Organization)	<input type="checkbox"/>	<input type="checkbox"/>
d	Has received quality training covering	<input type="checkbox"/>	<input type="checkbox"/>
	An introduction to the concept of the Quality System	<input type="checkbox"/>	<input type="checkbox"/>
	Quality management	<input type="checkbox"/>	<input type="checkbox"/>
	The concept of Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>
	Quality manuals	<input type="checkbox"/>	<input type="checkbox"/>

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	Audit techniques	<input type="checkbox"/>	<input type="checkbox"/>
	Reporting and recording	<input type="checkbox"/>	<input type="checkbox"/>
	The way in which the Quality System will function in the company	<input type="checkbox"/>	<input type="checkbox"/>
	<b>NOTE: Attach copies of relevant certificates</b>		
e	Familiarity with knowledge of	<input type="checkbox"/>	<input type="checkbox"/>
	GACAR-PART 142, all other applicable GACARs, EBOOKs, Guidance materials, Process and procedures	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Training Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Management System, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
f	To be able to demonstrate relevant knowledge, background and appropriate experience related to the activities of the organization; including knowledge and experience in Quality Management System (compliance monitoring);	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehensive knowledge of aviation training organization Quality System & Quality Manual, to include	<input type="checkbox"/>	<input type="checkbox"/>
	Quality policy and strategy	<input type="checkbox"/>	<input type="checkbox"/>
	Quality system responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
	Purpose of the Quality System	<input type="checkbox"/>	<input type="checkbox"/>
	The primary role of the Quality Manager	<input type="checkbox"/>	<input type="checkbox"/>
	Quality system scope operations	<input type="checkbox"/>	<input type="checkbox"/>
	Quality system feedback system	<input type="checkbox"/>	<input type="checkbox"/>
	Quality Assurance Program	<input type="checkbox"/>	<input type="checkbox"/>
	Quality Assurance Responsibility for Sub-Contractors	<input type="checkbox"/>	<input type="checkbox"/>
	Quality System Training	<input type="checkbox"/>	<input type="checkbox"/>

C. FOR GACA USE ONLY		COMPLIANCE	
		YES	NO
1	Quality Manager Requirements fulfilled	<input type="checkbox"/>	<input type="checkbox"/>
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b	Three years' experience in aviation industry of which at least one year should be in aviation training organization	<input type="checkbox"/>	<input type="checkbox"/>
c	Applicant is not a part of any other system of the concerned Training Center Organization (considering the complexity of the Organization)	<input type="checkbox"/>	<input type="checkbox"/>
d	Has received quality training covering	<input type="checkbox"/>	<input type="checkbox"/>
	An introduction to the concept of the Quality System	<input type="checkbox"/>	<input type="checkbox"/>
	Quality management	<input type="checkbox"/>	<input type="checkbox"/>
	The concept of Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>
	Quality manuals	<input type="checkbox"/>	<input type="checkbox"/>
	Audit techniques	<input type="checkbox"/>	<input type="checkbox"/>
	Reporting and recording	<input type="checkbox"/>	<input type="checkbox"/>
	The way in which the Quality System will function in the company	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE: Attach copies of relevant certificates</b>			
e	Familiarity with knowledge of	<input type="checkbox"/>	<input type="checkbox"/>
	GACAR-PART 142, all other applicable GACARs, EBOOKs, Guidance materials, Process	<input type="checkbox"/>	<input type="checkbox"/>

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	and procedures		
	Organization Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Organization Training Manual	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Management System, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
f	To be able to demonstrate relevant knowledge, background and appropriate experience related to the activities of the organization; including knowledge and experience in Quality Management System (compliance monitoring);	<input type="checkbox"/>	<input type="checkbox"/>
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	Quality System Training	<input type="checkbox"/>	<input type="checkbox"/>

Nominated Quality Manager Approval/Acceptable	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Remarks (if rejected only)		
Inspector Name	Signature	Date

Document Owner: Flight Operations Standards Department, (Training Centers Section)