

APPLICATION FOR DESIGNATION AS OBSTACLE ASSESSOR

(Please type or print using block letters; retain a copy for your records)

1. APPLICANT CONTACT DETAILS (applicant to complete all sections)					
Last Name				Title	
First Name		Middle Name		Date of Birth	
Company Name (if applying as a company)				Company Stamp	
Postal Address (for correspondence with GACA)					
Office Location					
Contact Telephone			Office Telephone		
Fax Number			E-mail address		

2. APPLICANT QUALIFICATIONS AND EXPERIENCE (applicant to complete all sections)	
a. Fitness to Perform Duties (Applicant must provide a statement confirming that they meet the requirements of AC183.02 2.4.1.A)	

b. Obstacle Assessment Experience

(Applicant must provide evidence of experience in obstacle and obstruction assessment as per AC183.02 2.4.1.B.1)

Empty space for evidence of obstacle assessment experience.

c. Knowledge of Obstacle Assessment Requirements

(Applicant must provide evidence that they meet the requirements of AC183.02 Paragraph 2.4.1.B2 – B5)

Empty space for evidence of knowledge of obstacle assessment requirements.

d. Evidence of Quality Management System

(Applicant must provide evidence of a quality management system as per AC183.02 Paragraph 2.4.2.1)

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e. Evidence of Document Management System

(Applicant must provide evidence of a quality management system as per AC183.02 Paragraph 2.4.2.2)

Empty space for evidence of document management system.

FOR GACA OFFICIAL USE ONLY

Application Reference Number

TO - Please conduct evaluation of this Obstacle Assessor Application and reply.

FROM	Flight Procedures, Inspection & Obstacle Evaluation Manager		Signature	
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Evaluation Result

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Evaluator		Signature		Date	
Supervisor		Signature		Date	