



**PERSONNEL LICENCING OFFICE**

CAAF-618-B/1

Ref. No

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*(for internal use only)*

**ASSESSMENT FOR APPROVAL- SYLLABUS / EQUIP**  
**(TRAINING SYLLABUS / SIMULATOR ETC.)**

**CASE MOVEMENT RECORD**

From	To	Date	From	To	Date

1. Name of Operator \_\_\_\_\_
2. Company Letter Reference \_\_\_\_\_
3. Date of submission \_\_\_\_\_
4. Approval for \_\_\_\_\_
5. Brief Description \_\_\_\_\_  
\_\_\_\_\_
6. Inspection date (if applicable) \_\_\_\_\_

Remarks by F.I. /Ft. Engr.  
(if applicable)

Date \_\_\_\_\_

\_\_\_\_\_  
Flight Inspector

Remarks by G.M. GA /POI  
(if applicable)

Date \_\_\_\_\_

\_\_\_\_\_  
**G.M. GA / P.O.I**

Remarks by G. M. Licencing  
(if applicable)

Date \_\_\_\_\_

\_\_\_\_\_  
**General Manager Licencing**

**APPROVED / NOT APPROVED**

Date \_\_\_\_\_

\_\_\_\_\_  
**Chief Flight Standards**

**Distribution:** - All Concerned

