



PERSONNEL LICENCING OFFICE

CAA-618-C/1
Ref. No

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(for internal use only)

ASSESSMENT FOR APPROVAL - APPROVED PERSON

CASE MOVEMENT RECORD

From	To	Date	From	To	Date

1. Name of Operator _____
2. Applicant Name _____
3. Operator Letter Reference _____
4. Approval for _____
5. Date of Submission _____
6. Brief Description _____

LICENCING RECORD & REMARKS

- a) Exam result :
(if applicable) _____
- b) Regulatory Questionnaire:
(if applicable) _____
- c) Qualification (for non-Crew) _____
- d) Aircrew Licences/Ratings _____
- e) Flying Experience : PIC _____
- f) Previous Experience as approved person: _____
- g) Accident/Incident Record _____
- h) Violations _____

Date _____

General Manager Licencing

Remarks on Interview

Date _____

Authorized Person

REMARKS:-

Flight Inspector (Equipment) /
G.M. General Aviation
(if applicable)

Date _____

F.I. / G.M. GA

APPROVED / NOT APPROVED

Date _____

Director Flight Standards

Distribution: - All Concerned