

Notification of Dangerous Goods Training Arrangement (for Shippers and Freight Forwarders Seeking Third Party Training Providers)

- Note:** – Initial notification shall be filed to the AACM for the acceptance to utilize an accepted dangerous goods training programme prior to the commencement of training;
– Subsequent notification shall be filed to the AACM at an interval of not more than every 24 months;
– Whenever there is a change in the notified training arrangements (e.g. change of accepted training provider), another notification shall be filed to the AACM prior to using the new training provider.

Instructions:

- Please read Aeronautical Circular - AC/GEN/014 before completing this form.
- The completed form together with all supporting documents should be submitted by post / e-mail to the Civil Aviation Authority – Macao, China:

Address: 18/F, Cheng Feng Commercial Centre, 336-342, Alameda Dr. Carlos D'Assumpção, Macao

Email: flightstandards@aacm.gov.mo

1. General Information

Name of Entity			
Role of Entity	<input type="checkbox"/> as Shippers <input type="checkbox"/> as Freight Forwarder		
Name of the person responsible for dangerous goods training			
Contact Details	Telephone: _____	Email: _____	
Nature of Notification	<input type="checkbox"/> Initial Notification (Target date of commencement of training: _____) <input type="checkbox"/> Subsequent Notification <input type="checkbox"/> Change of Training Provider (Effective date: _____)		

2. Dangerous Goods Training Arrangement

Name of Training Provider	
Acceptance Number of the Training Program issued by AACM to the training provider	

3. Required Documents

Item #	Description	Submitted? (Yes / No / N.A.)	Supplementary Information	Office Use Only
1	Training Syllabus of AACM accepted dangerous goods training programme to be utilized			
2	Training and Assessment Records <i>Note: For "Initial Notification" and "Change of Training Provider", shippers/Freight Forwarder may supplement such records to AACM at later stage by e-mail at flightstandards@aacm.gov.mo upon available.</i>			

4. Declaration

The undersigned declares that:

- The information given in this form and supporting documents are true and correct to the best of my knowledge and belief.

Name of the notifier:

Company Title & Department:

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Telephone:

E-mail:

Signature:

Date: