

Application for Cabin Crew Instructor/Examiner Authorization

Instructions and advice for completing this application form:

1. Refer to Macao Aeronautical Circular – AC/OPS/016 for the requirement of applying this authorization.
2. Completed application form and supporting documents shall be submitted with a cover letter by post to the AACM. Incomplete application package will be rejected or cause delay in processing the application.
3. Submit copy of a photo identification card or a passport as a form of identification, details of which should be the same as the personal information provided in this application. If the applicant's identity cannot be verified, the application will be rejected.
4. Renewal application shall be made at least 1 month prior to the expiry date.
5. AACM may require the applicant to submit further information if necessary.

SECTION 1 APPLICATION DETAILS

Types of application (Please tick the appropriate box(es))

<input type="checkbox"/> Initial grant	<input type="checkbox"/> Cabin Crew Instructor	Aircraft type: 1. _____ 2. _____ 3. _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Cabin Crew Examiner	
<input type="checkbox"/> Variation		

SECTION 2 NOMINEE DETAILS

Family Name	Given Name
Place and Date of Birth (dd/mm/yy)	Nationality
AACM Authorization Number ⁽¹⁾	Authorization Expiry Date (dd/mm/yy) ⁽¹⁾
Postal Address	
Contact details	Tel: () _____ Mobile: () _____ Fax: () _____ Email: _____

Note ⁽¹⁾: For renewal and/or variation application.

SECTION 3 SPONSOR DETAILS

Company Name	AOC Number (if applicable)
Contact Person	Position within the Organization
Contact details	Tel: () _____ Mobile: () _____ Fax: () _____ Email: _____

SECTION 4 QUALIFICATIONS & EXPERIENCE OF NOMINEE

<i>For Initial Application</i>		<i>Required document(s)</i>
Does nominee meet all the specified qualification, training and experience in the operator's manual? Is nominee qualified on the specific aircraft type in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Identification document
Has 3 years of relevant experience as cabin crew member and 1 year experience of senior cabin crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Resume
Successfully completed an AACM approved cabin crew instructor/examiner training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Training record(s)
Passed a competency assessment in his/her role during the conduct of practical training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Competency assessment record(s)
Has 1 year of experience as Cabin Crew Instructor? <i>(For Cabin Crew Examiner application ONLY)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Record(s) of authorization/relevant experience
<i>For Renewal Application</i>		<i>Required document(s)</i>
Conducted 3 training/checking during each and every 12-month period during the validity of the authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Record(s) of training conducted
If the authorization has already lapsed or the authorization holder hasn't fulfilled the requirements of conducting 3 training/checking in the last 12 months, did nominee complete an applicable cabin crew instructor/examiner recurrent training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Refresher training record(s)
<i>For Variation Application</i>		<i>Required document(s)</i>
For applying Examiner Authorization, nominee has 1 year of Cabin Crew Instructor experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Resume
		<input type="checkbox"/> Record(s) of authorization/relevant experience
For applying additional aircraft type, nominee has completed relevant aircraft type rating training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Type training record

SECTION 5 DECLARATION

<p>Personal Information Collection Statement</p> <p>1. Personal data provided in this form and all submitted documents will be used for processing of the application only. 2. Base on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority entities.</p>
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<p><i>This part should only be filled by the accountable manager/post holders in the organization</i></p>
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<p><input type="checkbox"/> I have read and understood all the content and remarks in this application, and have provided all real information and supporting document requested in this application.</p> <p><input type="checkbox"/> After investigating the nominee’s background, qualification, experience, personal chararcter and motives, I hereby confirm that the nominee is a suitable candidate as an authorized instructor and/or examiner for this company to exercise the requested authority.</p>

Representative’s Printed Name	Position within the Organization ⁽³⁾
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Representative’s Signature	Date of Signing (dd/mm/yyyy)
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*Note ⁽¹⁾: The Accountable Manager or any of the following relevant Post-Holders in the organization are considered the appropriate representative:
 (Relevent Post-Holders are those responsible for: 1. **Flight Operations**, or 2. **Crew Training**)
 However, if any of the above relevant Post-Holder is the nominee, the application must be signed by the Accountable Manager of the company.*

<p><i>This part should only be filled by Nominee</i></p>

<p><input type="checkbox"/> I hereby certify that all provided information and statement declared above are correct, and agree to be nominated as an authorized Cabin Crew Instructor and/or Examiner for the authority requested in the current application.</p>

Nominee’s Signature	Date of Signing (dd/mm/yyyy)
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FOR INTERNAL USE ONLY

(This part should ONLY be filled by AACM personnel)

Check Item (Initial Application)		Signature / Date (DD/MM/YY)
1 Verification of submitted documents		
<input type="checkbox"/>	Required document collection was completed and verified <input type="checkbox"/> Identification Document / passport <input type="checkbox"/> Qualification (Resume & Certifications) <input type="checkbox"/> Training record(s) <input type="checkbox"/> Competency assessment record(s) <input type="checkbox"/> Application fee	
2 Assessment		
<input type="checkbox"/>	Nominee has satisfactorily conducted a training and/or check being observed by AACM on _____	
Check Item (Renewal Application)		Signature / Date (DD/MM/YY)
3 Verification of submitted documents		
<input type="checkbox"/>	Required document collection was completed and verified <input type="checkbox"/> Recurrent Training & re-assessment record(s) <input type="checkbox"/> Record(s) of conduction of 3 training/checking during each and every 12-month period <input type="checkbox"/> Application fee	
4 Assessment		
<input type="checkbox"/>	Nominee has satisfactorily conducted a training and/or check being observed by AACM on _____	
Check Item (Variation Application)		Signature / Date (DD/MM/YY)
5 Verification of submitted documents		
<input type="checkbox"/>	Required document collection was completed and verified <input type="checkbox"/> Qualifications (Resume & Certifications) <input type="checkbox"/> Cabin Crew Instructor Authorization <input type="checkbox"/> Relevant aircraft type rate training <input type="checkbox"/> Application fee	
6 Assessment		
<input type="checkbox"/>	Nominee has satisfactorily conducted a training assessment being observed by AACM on _____	

Recommended: Yes (To 7.1)
 No, reason to reject : _____ (To 7.2)

 Inspector (Print and Sign)

 Date (DD/MM/YY)

7 Notification

<input type="checkbox"/>	If Recommended 7.1) <u>Authorization</u> was issued to operator for nominee	
<input type="checkbox"/>	If “NOT” Recommended 7.2) <u>Letter of Denial</u> was issued to operator	

Remarks: