



Croatian Civil Aviation Agency

CABIN CREW INITIAL SAFETY TRAINING ORGANISATION APPLICATION FORM

Please, attach administrative tax

Please, tick appropriate boxes:

INITIAL SAFETY TRAINING ORGANIZATION

OTHER

INITIAL APPLICATION CHANGE/ RENEWAL APPLICATION REVALIDATION

TO BE COMPLETED BY THE APPLICANT (IN CAPITAL LETTERS)

*Use additional sheets as necessary (if any reference to appropriate Training or Operations Manual, please specify revision number and date, chapter, etc.)

| | | |
|----|--|--|
| 1. | Organisation details (address, tel., fax., e-mail, web page) | |
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| 2. | Additional Training Site (organisation name, address, tel, fax, e-mail, web page) | |
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| 3. | Management Structure | |
| | | |
| | | |
| 4. | List of Instructing staff | |
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Croatian Civil Aviation Agency

Flight Operations and Training Department

Pod punom materijalnom i kaznenom odgovornošću izjavljujem da su podaci kojima se dokazuje iskustvo osoba navedenih u odjeljcima 3 i 4 ovog obrasca, točni, istiniti i potpuni. Ova izjava se daje u svrhu prihvaćanja navedenih osoba na imenovane funkcije od strane Hrvatske Agencije za civilno zrakoplovstvo.

I declare under full material and criminal liability that the information proving the experience of persons listed in sections 3 and 4 of this application form is true, correct and complete. This statement is given for the purpose of acceptance of listed persons for nominated functions by Croatian Civil Aviation Agency.

Ime i prezime odgovornog rukovoditelja/ *Accountable Manager name*

Potpis/ *Signature*

Datum/ *Date*

| | | | |
|----|---|--|--|
| 5. | Training programme/s offered (name of the course and please specify if theory/ practice) | | |
| | | | |
| | | | |
| 6. | List of external facilities to be used on the course (if applicable) | | |
| 7. | Content of training programme/s: (syllabus of training programme, refer to applicable part of OM D) | | |
| 8. | Procedures for trainee failure (short description if applicable or refer to applicable part of OM D) | | |
| 9. | List of equipment, training material, DVDs, handouts to be used | | |



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|-----|---|-------------------------------|------------|---------------------|
| 10. | Additional accommodation to be used (location, number, size, if applicable) | | | |
| 11. | Theoretical instruction facilities to be used (location, number, size) | | | |
| 12. | Description of training devices (as applicable) | Details of tenure of premises | Classrooms | Other accommodation |
| 13. | Description of training devices (as applicable.) | Staff rooms | Rest rooms | Toilets |

Note 1: If answer to any of the above questions is incomplete, the applicant shall provide full details of alternative arrangements separately.

| | | | |
|--|--|------------------|--|
| Date of intended commencement of operations (initial or change application): | | | |
| Name and Surname Training postholder (capital letters) | | Signature | |
| Name and surname Cabin Crew training Manager (capital letters) | | Signature | |



Croatian Civil Aviation Agency

Cabin crew training
Application form

Flight Operations and Training Department

Certify that all the above information and contents of training programme/s are complete. I declare that the information is correct. I will notify the Authority of all changes to the information provided. The approved training programme/s registered by this application shall be conducted at my responsibility.

| | | | |
|---------------------|--|-----------------------------|--|
| Organisation | | Date of application: | |
|---------------------|--|-----------------------------|--|

APPENDICES (Please, tick appropriate box/es, write document reference.)

| | | |
|--|--|--|
| <input type="checkbox"/> Training programme/s (with any additional procedures) | Last approved revision number and date (if app): | |
| <input type="checkbox"/> Cabin Crew Training Manual, CSPM (as applicable) | Last approved revision number and date (if app): | |
| <input type="checkbox"/> NPA to OM | | |
| <input type="checkbox"/> Operations manual | Last approved revision number and date (if app): | |
| <input type="checkbox"/> At least two sample examination papers for each module | Last approved revision number and date(if app): | |
| <input type="checkbox"/> Sample of attestation | | |
| <input type="checkbox"/> Quality manual | Last approved revision number and date (if app): | |
| <input type="checkbox"/> Payment /TAX | | |
| NOTE: The TO will not be required to duplicate submission of information relating to the above items if the information is already included in another document submitted, e.g. Training Manual. If not delivered with application to CCAA particular items shall be checked during inspections. | | |

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| Please send this form with any required fee to be paid under national legislation to: | Hrvatska agencija za civilno zrakoplovstvo Ulica grada Vukovara 284, 10000 Zagreb |
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