



CABIN CREW INITIAL SAFETY TRAINING ORGANISATION APPLICATION FORM

Please, tick appropriate boxes:

INITIAL APPLICATION CHANGE / RENEWAL OF 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.	General	APPLICANT'S INFORMATION			
		Name			
		Address			
		Identification number (OIB)			
		Contact phone			
		Contact e-mail			
		APPLICANT'S LEGAL REPRESENTATIVE INFORMATION			
		Name and surname			
		Address			
		Identificaton number (OIB)			
		Contact phone			
		Contact e-mail			
		2.	Additional Training Site (organisation name, address, tel, fax, e-mail, web page)		
3.	Management Structure				



Croatian Civil Aviation Agency

4.	List of Instructing staff		

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			
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 of application):			
Name and Surname Training postholder (capital letters)		Signature	
Name and surname Cabin Crew training Manager (capital letters)		Signature	

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.

Applicant's name, surname & signature		Date	
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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):	



Croatian Civil Aviation Agency

Cabin crew training
Application form

Flight Operations and Training Department

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.

Please submit this form to:

Hrvatska agencija za civilno
zrakoplovstvo Odjel letačkih
operacija i školstva Ulica grada
Vukovara 284 10000 Zagreb