



APPLICATION FOR FULL APPROVAL OF A CRM INSTRUCTOR COURSE

Company Name:	
Company Address:	

Designated Chief Tutor for the course to which this application relates:	
Name:	Tel. No:
	e-mail:

Contact (if different)	
Name:	Tel. No:
	e-mail:
Location where Courses are to take place	

INITIAL APPLICATION	
REVALIDATION	

Applicant's signature	Applicant's signature
Name (block capitals)	Date of signing

Enclosures

- 1 Course Manual (Document 29 refers)
- 2 Course Approval Fee (In accordance with Aeronautical Information Circular)

CHARGES

In accordance with the SCAA Scheme of Charges contained in the Air Navigation Fees Regulation, see SCAA website www.scaa.sc.

8. SUBMISSION INSTRUCTIONS (see Guidance Notes)

Send your completed application form to:

Seychelles Civil Aviation Authority, Flight Operations Inspectorate, Safety Regulation, P.O Box 181, Mahe, Seychelles
Seychelles

Together with the payment

6. PAYMENT METHODS

Please complete form [SR\1187](#).